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They overcame obstacles to become "Black Achievers"

Even now when Irvienne Goldson talks about it, a certain sadness comes over her normally happy face.

It was in 1969. She was nine years old and had just moved to New York City from her native Jamaica. Irvienne was walking home from school one day when she felt a rock hitting the back of her foot. A few steps later, another rock and still another. She turned around and caught a glimpse of the boy who was throwing them.

"That's when he called me a name," she related. "And that's when I first realized that in America, I might be

very proud to have been chosen."

Unlike Ms. Goldson, who was a pre-med student in school, Mr. Waithe's interests, for a long time, could not have been more opposite.

"When I was growing up," he recalled, "I absolutely hated medicine, even though my father was a medical technician. So when I joined the Air Force, I specifically asked not to do anything associated with medicine. But for some strange reason, I ended up as a Medical Corpsman. Maybe it was someone's idea of a joke."

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Irvienne Goldson

treated differently by some people because of my color."

Despite that bitter experience, a lot of good things have happened to Irvienne Goldson since then. She moved to Massachusetts and came to work at the MGH, first as a phlebotomist and then in the Radiology Department.

And now she and Philip Waithe, Jr. of the Blood Transfusion Service have just been named among the recipients of the 1987 Black Achiever Award, sponsored by the Greater Boston YMCA.

"I've only been working in Radiology since last May," explained Ms. Goldson, "so I was quite surprised to have been nominated, let alone being selected. A pat on the back would have been enough for me, but this is quite an honor."

For Mr. Waithe, who is the clinical nurse leader of the Blood Transfusion Service, being selected a Black Achiever also came out of the blue.

"I keep on thinking 'why me?'" he said. "I do feel a little uncomfortable being the center of attention, but I am



Philip Waithe, Jr.

A long awaited homecoming

While most of us celebrated Christmas last month on December 25, for Susan and Brian Kelly the holiday came 10 days early. That's when their 15-month-old son, their only child, finally came home from the hospital for the first time.

Michael Colin Kelly had spent every day of his young life on the sixth floor of MGH's Vincent-Burnham Building, a third of that time in the Neonatal

Intensive Care Unit, the rest in the Intermediate Unit.

Young Michael was born on September 28, 1985, the day after Hurricane Gloria. While the storm was expected, the birth—or at least the timing of it—certainly was not.

Michael was born at Waltham-Weston Medical Center about three

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It was a happy day for Debby Klein, RN, Dr. John Fugate, and Susan and Brian Kelly to see young Michael well enough to go home for the holidays.

Before any construction can begin above ground, work must take place below.

Design work starts from ground down

Preconstruction activities continue in the courtyard behind the Phillips House as a second caisson test is about to be completed.

A caisson is a hole that is drilled in

the earth and then filled with high-strength concrete to support a building on soil layers that are deeper than normal "shallow" foundations. Because the tower will be 25 stories high, the foundations to support it must be deep.

The first caisson test, completed in October, did not produce the required results as the soil would not support twice the building design load. The first test was drilled approximately 97 feet below the existing courtyard elevation. The second test involves drilling approximately 111 feet deep and is expected to produce a higher pile load capacity. The soil also appears to be "harder" the deeper the hole is drilled.

This second test consists of three caissons with the center caisson of two feet in diameter being tested. The two outside three-foot diameter caissons will

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Capital Campaign ends 1986 with major donations

With construction workers digging deep into the ground, others are continuing to dig deep into their pockets for the hospital's Capital Campaign.

As 1986 came to an end, two of the more significant contributions were made by the Vincent Club and Citycorp.

The Vincent Club last month donated \$15,000 to the Vincent Memorial Hospital portion of the MGH Capital Campaign from money raised at a dance earlier in the year. Another \$15,000 will be contributed in matching funds by the Vincent Memorial Hospital Board of Trustees.

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An unusual admission

Joyce Dowd had just finished interviewing the elderly woman who would be admitted to the MGH for surgery the following week.

"You'll be checking in right here at this desk," explained Ms. Dowd to the woman, "and I'll be standing right here waiting for you when you come in."

As it turned out for the woman, Ms. Dowd, an Admitting Officer, was indeed at the right place at the right time. Only it wasn't the same place or time that had been prearranged.

Shortly after conducting that interview, Ms. Dowd and Admitting Officers Patty Hogan, Denise Dummer, and Nancy Lynn had gone down to the General Cafeteria for lunch.

When they arrived, they saw a large crowd gathering around a person who had collapsed and fallen to the floor. A code call was put in at once.

The person was quickly placed on a gurney and wheeled out of the cafeteria to the Emergency Ward.

"Hey, I know that woman," screamed Ms. Dowd, as the gurney was going past her. "She was in my office just about an hour ago."

Thanks to this coincidental series of events, the woman's medical records and other vital information were immediately sent to the E.W., greatly expediting her admission.

It was eventually determined that she had fainted, and the patient was discharged in a few days.

"But she is still supposed to come back for her surgery," added Ms. Dowd, an eight-year employee of the hospital. "And when she does, I'll probably be right here waiting for her just as we had planned."



New England Patriots quarterback Steve Grogan (right) had a chance to score points with physicians during Psychiatric Grand Rounds held in the Ether Dome. Mr. Grogan and retired Patriots star John Hannah (seated front right) spoke of Dr. Armand M. Nicholi, Jr., an MGH psychiatrist, and his value to the football team.

Campaign

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This money goes toward the Vincent Club's five-year goal of raising \$1 million for the Campaign.

"The work of the MGH is very important to the 1,400 members of the Vincent Club," said Mabel Vogel, President of the organization. "We feel strongly that anything we can do to create an outreaching of resources in further support of the Vincent Memorial Hospital should be done."

Joining the ranks of businesses that have contributed to the Campaign is Citycorp-Citibank, which last month pledged \$50,000 toward rebuilding the Emergency Ward.

The source of the pledge is the impact-grant program of the bank's New York headquarters.

"This type of gift is designed to have a positive impact on the community and the institution to which it's contributed," explained James D.

Wallace, New England area head of Citicorp's Private Banking Activities.

The Emergency Ward will require \$6.5 million in Capital funds to expand its facilities.

Work

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supply the support for the testing mechanism. One part of this test will be pulling on the middle caisson in order to determine what forces are required to break the edge friction between the soil and the caisson. The caisson will be subjected to loads between 300 and 400 tons.

The new inpatient tower is presently scheduled to rest on 55 6-foot diameter caissons rather than the small test caissons now being installed. The three test caissons are only for information needed to confirm how much weight the caissons will hold and will not become part of the new inpatient building.

Life-style

It's new year's resolution time again, and many of you have probably made resolutions to lose weight. Why not make 1987 the year you really succeed?

Whatever you do—**DON'T GO ON A DIET!**

Experience has shown that diets don't really work. Sure they are effective in the short run. Almost any diet will promote weight loss as long as you stay on it. The problem comes when you go off the diet. Over time, you go back to your usual way of eating and regain the weight you lost. Many times you gain even more weight.

Besides being frustrating, this "Yo-Yo" pattern of weight loss and regain can actually make it increasingly difficult to lose weight. The reasons for this are complex but can be explained in the following example:

When you lose weight on crash diets, all of the weight you lose is not body fat. You actually lose a lot of water and also some lean muscle tissue (which you don't really want to lose). Unfortunately, when you regain the weight, most of it is body fat. The result is that after each "Yo-Yo" cycle, you have more body fat and less lean muscle tissue.

This can affect your ability to lose weight, making it more and more difficult.

There is a solution. You don't need to learn how to diet. But you do need to learn how to manage your weight for a lifetime, not just for two or three weeks. *Winning At The Losing Game*, a weight management program offered by the Nutrition Service and the Department of Physical Therapy, will help you do just that. The program involves three key elements:

NUTRITION—You'll develop a personalized eating plan that will satisfy you and still let you lose weight. No severe calorie restrictions and no forbidden foods.

EXERCISE—You'll participate in exercise sessions supervised by a registered physical therapist and will develop an exercise program you can live with no matter how inactive you've been in the past.

BEHAVIOR CHANGE—You'll identify behavior patterns that are contributing to your weight problem and work on strategies for changing them.

Weight control is not easy. It takes a lot of commitment. But if you are serious about losing weight this year, then *Winning At The Losing Game* might be for you. A new session begins Tuesday, January 20. Enrollment is limited. For more information, contact the Nutrition Service at Ext. 2779.

If weight control is not your major concern but you do want to learn to eat better and feel better, then you may be interested in *Eating For The Health Of It*. The next session begins Thursday, January 15. Enrollment is limited, so call the Nutrition Service today. (Discounts are available for MGH employees.) Come dine with us, and join this unique, enjoyable, and delicious learning experience.



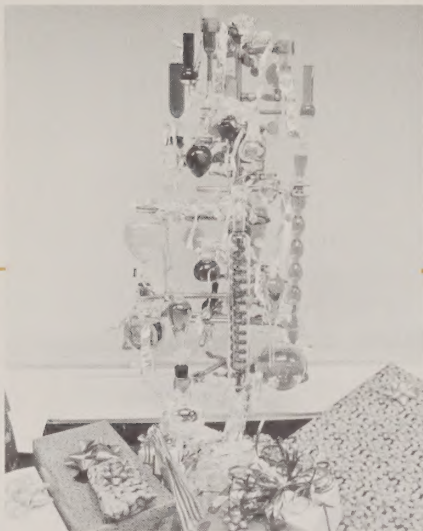
OVER-WEIGHT?



Jean Green (second from left) presenting contribution from the Vincent Club to Mrs. R. Morton Claflin of the MGH Board of Trustees and Co-chairman of the Capital Campaign. Looking on are (left to right) Evelyn Treacy, John MacDuffie, Dr. George S. Richardson, Mabel Vogel, and Dorothy Rackemann.



Elementary school students from Revere helped to get the MGH into the holiday spirit.



Members of the Department of Dermatology didn't have to worry about loose needles with this Christmas tree, created by Dr. Claudio Carraro, a research fellow. The ornaments are test tubes and beakers filled with common dyes and water solutions.



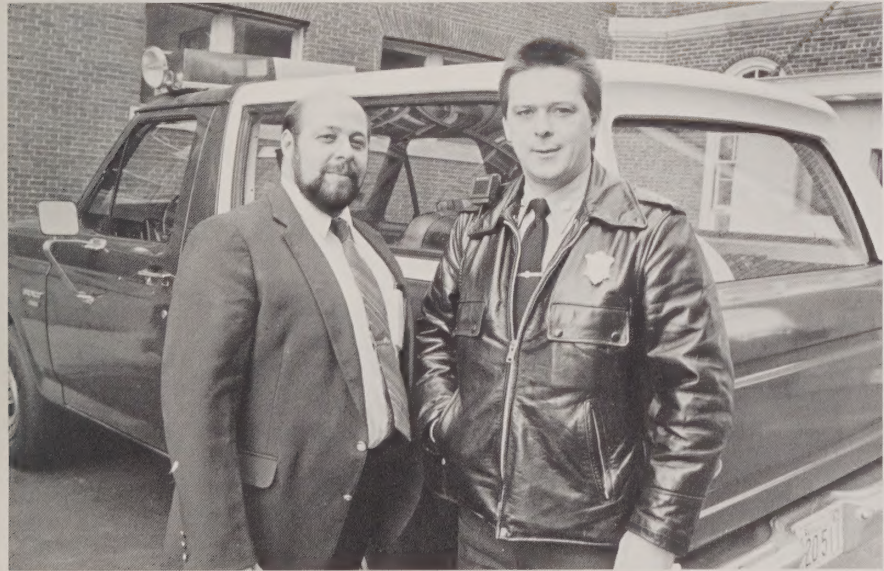
While students from the Perkins School for the Blind displayed their talent as bell ringers at a Chapel Concert.

In General

Russell Donovan and Dennis Picariello, members of the MGH Police and Security Department, were recently elected representative and secretary to the Massachusetts Police Association from the MGH branch. The Association, one of the most prestigious law enforcement groups in the country, considers legislation to be filed in the state legislature. This is the first year for MGH membership in the group.

The new MGH Telephone Directory is now available. Please submit all requests for directories to the Communications Department, White 13, Ext. 2086. Directories may be picked up Monday through Friday between 9:00 a.m. and 4:00 p.m.

Have a question about the MGH you want answered? Please send your questions to the **HOTLINE (Bulfinch 1)** for possible inclusion in our new Question-and-Answer column.



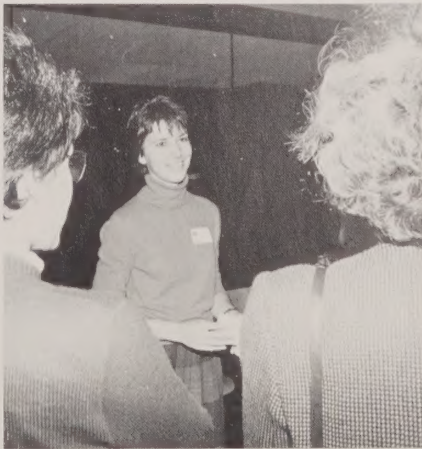
MGH Police officers Dennis Picariello (left) and Russell Donovan

Chronic lung disease is one of the leading causes of disability today. But help is available in learning to cope with emphysema, asthma, and chronic bronchitis. The MGH is again offering an eight-week program of Pulmonary Rehabilitation for people with these diseases. Classes are held Mondays, Wednesdays, and Fridays beginning January 12. For more information, please call Ext. 1718.

Dr. Christopher G. Willett is the recipient of the 1986 Resident Essay Award of the American Society for Therapeutic Radiology and Oncology. The award is presented annually to a resident in radiation oncology for an original research paper. Dr. Willett's essay concerned the effects of temperature on tumor blood flow and radiation response.

Linda Delahanty, M.S., R.D. of the Department of Dietetics participated last week at a Consensus Development Conference sponsored by the National Institutes of Health. The subject was "Diet and Exercise in Noninsulin-Dependent Diabetes Mellitus."

Michelle D. Renaud has recently won the Ruth Sleeper Award, presented by the MGH Nurses Alumnae Association. A second-year nursing student at the MGH Institute of Health Professions, Ms. Renaud plans to begin studies this spring in the specialty area of gerontology. She chose this field because she feels her previous experiences with older people have been especially rewarding. Ms. Renaud was a zoology student at the University of Maine at Orono and had intended to pursue a career in optometry. However, nursing began to interest her as she became aware that it would satisfy more of her interests in health care. Upon graduation from the Institute, she hopes to return to Maine to practice near her family and friends.



Michelle Renaud is the center of attention after winning the Ruth Sleeper Award.

Barbara Berkman, D.S.W., LICSW, Director of the Social Work in Health Care Program at the Institute of Health Professions, has just received the 1986 Edith Abbott Alumni Award from the University of Chicago School of Social Service Administration. Among Dr. Berkman's research contributions to social work practice are studies about the sociopsychological aspects of Huntington's Disease, professional support provided to cancer patients, early identification of elderly cardiac patients at risk for premature readmission to hospitals, and the diagnosis of failure to thrive in the elderly.

New inserts for the Clinical Laboratories Handbook are now available. These inserts completely replace the 1982 edition. There have been many changes in specimen requirements, methods, and reference ranges; so be sure your handbook is up-to-date. An initial distribution has been made to the Ambulatory Care Division, each inpatient floor, head nurses, and unit coordinators. If you have not received your copy, you may pick one up in the office of Mary E. Lahey, Assistant to the Director Clinical Services, Warren 1001, Monday through Friday, between 8:00 a.m. and 5:00 p.m. If you cannot pick up these inserts, single copies will be mailed if you complete the following:

PLEASE SEND ONE COPY OF THE CLINICAL LABORATORIES HANDBOOK

CHECK ONE ☐ INSERTS ONLY
☐ INSERTS & BINDER

TO: NAME _____
DEPARTMENT _____
LOCATION _____



Maeve Blackman showed she's still quick on her feet, especially when someone is playing the bagpipes at her retirement party.

To Maeve Blackman, the MGH will always be family

"If the MGH had a 'Hall of Fame,'" declared Assistant Director Stephen H. Kauffman, "then surely you would be in it."

Maeve Blackman would indeed be inducted not just for her many contributions but for her versatility, as well.

Mrs. Blackman, who retired on December 31, began her association with the MGH in 1960 as a member of the Ladies' Visiting Committee. From there, she became Assistant Director of the Volunteer Department, Director, and in 1985 Director of Special Services.

"No task was ever too great for Maeve," said Mr. Kauffman at her retirement party on December 18. "No matter what she was asked to do, she

did it very well and with a great amount of pride and enthusiasm."

Although retiring from her job, Mrs. Blackman promises not to retire from the MGH.

"Some people have said that the MGH has lost some of its family atmosphere," said Mrs. Blackman. "But I don't believe that at all. The people in this hospital are very much like a family. There are some people you adore, others you may want to avoid at times, and still others are like your Aunt Jane, who you once may have felt you could easily do without but over a period of time became your closest friends. So just stick with it."

Achievers

from page 1

One of Mr. Waithe's first experiences with a patient at an Air Force hospital, however, was no laughing matter, at least at that time.

"Instead of the patient ringing the call button for me to help him, he had to ring it to get help for *me*," recalled the MGH employee. "I almost fainted seeing all the tubes he had in him. I guess I've come a long way since then."

Today, Mr. Waithe supervises the nurses in the donor and phoresis areas of the Blood Bank, as well as the Mobile Unit. And although he is frequently involved with much paper work, the supervisor still draws blood from patients and donors when he can.

"But I still don't like needles," he added with a laugh. "I can give them; just don't come near me with one of them."

Ms. Goldson's job at the MGH used to involve blood. But now it's not vials but files—X-ray files to be exact. As Assistant Clerical Supervisor in the Radiology Film Library, she is responsible for helping to supervise the day-to-day activities of the clerical staff in that area.

"It can get pretty hectic sometimes," she related, "especially when several people ask for files at the same time and need them all right away." However, she quickly adds that she enjoys what she does.

"I like working in the health care environment," said Ms. Goldson, who is a

senior in the UMASS/Boston College of Public and Community Service Program. "I especially love working with people."

Both Irvienne Goldson and Philip Waithe will have a good opportunity to do just that in the coming year, since part of their selection as a Black Achiever includes 40 hours of service to the community.

"I think it's important to encourage young people to achieve goals," said Mr. Waithe, who admitted that he never thought he would be where he is today. "When I was in high school, I never had any intention of being a nurse or of going to college. School was always a struggle for me. But it was worth it. And I'd like to encourage other people to do something with their lives. If I could influence just one person in that direction, that would be worthwhile."

This view is shared by Ms. Goldson. "Wherever I am," she said, "I'd like to feel as though I've made a difference, hopefully a positive one. This is also a good chance to become more involved in an organized effort to help people and to help them realize that there are opportunities out there if they are willing to make an effort and do the best they can no matter what obstacles they may encounter along the way."

Mr. Waithe and Ms. Goldson will receive their Achiever Awards at ceremonies to be held at the Park Plaza Hotel on January 16.

Homecoming

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months premature and weighing a mere one pound, six ounces. He was immediately transferred to the MGH suffering from severe lung disease, which later developed into chronic lung disease. "For a while, we didn't know if he would make it," recalled Dr. John Fugate, who along with Dr. I. David Todres, was the infant's attending physician. "We had to assess how well he could do on a respirator, and if his lungs would eventually allow him to breathe on his own."

In that regard, Michael has made remarkable progress considering his very small birth weight. He is still on a respirator but has been able to come off it for up to eight hours a day. And doctors hope he will not need it at all by the spring.

The infant has cleared major hurdles with still others left to overcome. But his parents have no doubt that he can do it.

"Michael's definitely a fighter," asserted Mr. Kelly. "Even when he was very sick, you could see the determination in his eyes. In fact, my sister had a sign made up showing two boxing gloves with the words, 'I'm a fighter' underneath. It was on his crib for almost a year."

During his 15-month stay at the MGH, Michael learned to crawl and can now almost walk.

Doctors believe that although the baby is developmentally behind others the same age, he should be able to catch up soon.

One thing he won't have to learn, however, is love.

"We were very happy he was well enough to leave, but we were awfully sad to see him go," remarked Debby Klein, Michael's primary nurse. "We've all gotten very attached to the little guy. It's hard sometimes to break the emotional bond that develops between a patient and nurse, especially when the baby is as cute as Michael." Ms. Klein, however, has made arrangements to visit Michael in his Billerica home, where the nursery had

been waiting for several weeks to welcome its new occupant.

"It's going to seem strange not coming into the hospital every day," said Mrs. Kelly, who with her husband had hardly ever skipped even one day of visiting her son. "Just before Michael was born," added Mr. Kelly, "we bought a new car, and now it has over 30,000 miles on it."

There were times during the past 15 months when the Kellys were discouraged. "We'd ask ourselves 'why us?'" said Mrs. Kelly. "Then we'd look around and say, 'why not us?' There always seemed to be another child worse off than ours. The staff was also great, especially Debby [Klein], Kathy MacMannis, Sally Cowles, Ann Delaney, Terry MacDonald, and Denise Montalto, Michael's physical therapist."

Another thing that the parents said kept them going was a column written by the *BOSTON GLOBE's* Mike Barnicle entitled "Michael comes home," recounting the birth of his own son—also Michael Colin—early last year.

"He wrote about waiting for his son to be born," said Mrs. Kelly, "but we felt he was really writing it for us...how



For nurses like Kathy MacMannis, there were tears of both joy and sadness.

we felt waiting for our son to come home with us."

The Kellys now know that feeling. On Christmas morning, there were lots of presents under the tree. But the little bundle that had once weighed only 22 ounces was their greatest gift ever.



MGH Police officers like Paul Hagen can only hope that 1987 will be a year of peace and harmony.

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The lights from the MGH's research buildings can often brighten even the darkest night.

A working Holliday

Roma Holliday insists he doesn't get sick of people reminding him of his current streak. He also says he isn't at all sick of his job in the Baker Kitchen, even though he's been there for more than 30 years.

Let's face it. Roma Holliday is not the kind of person who gets sick of things very easily. He doesn't get sick period! Not once. Never.

In November of 1956, when Dwight Eisenhower was being reelected President, Roma Holliday was beginning his new job at the MGH. And since that time, he has never missed a day due to illness.

"I can't really explain it," said the Baker Kitchen cook. "It's just one of those things I never really think about until someone mentions it to me."

It isn't that Mr. Holliday hasn't had days over the past three decades when he wasn't feeling great. "Sometimes I do wake up, and I don't feel myself," he remarked. "So I move around, have a cup of coffee, and I'm all right."

But just how he has remained as healthy as he has is still an enigma. There is little in his regimen that seems to be too out of the ordinary.

Roma Holliday doesn't smoke or drink. He usually starts his day, which sometimes begins as early as 4 a.m., with hot cereal and a cup of coffee. He says he tries to eat a well-balanced diet consisting of fruits and vegetables. He likes pork and chicken and occasionally eats fish.

He goes to bed early, usually before 9 o'clock, and he wakes up early, getting about six or seven hours of sleep.

His hours in the Baker Kitchen vary. Some begin at 5 a.m., while others start as late as 10 a.m.

He's single, doesn't drive, and has the figure of a teen-ager instead of someone 56 years old.

"Good health fortunately runs in my family," said Mr. Holliday, who added that he can't recall ever having been sick enough to be bedridden, even as a child growing up in his native South Carolina.

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Finders reapers

The MGH is on the lookout for registered or board eligible Radiologic Technologists. And if you find one, it can be financially rewarding to you.

The hospital has announced that it will pay a "finder's fee" to any employee who successfully recruits a Staff Radiologic Technologist for the hospital.

The employee recruiter would receive \$300 upon employment of the technologist and another \$200 payable after the recruited employee had been here for a continuous period of six months.

This applies to either full- or part-time (at least 20 hours per week) new employees who had not previously been employed at the MGH within the prior three months.

Baby escapes death to find life and love

ED. NOTE—The following story was written by Marnie Palmer, R.N., of the Pediatric Intensive Care Unit (PICU) concerning a very special baby named "Manny," a patient at the MGH. The article was originally published in The Pediatric Post.

My first experience with Manuel DeJesus Perez-Rios was on the night of his arrival. He and 11 other victims of the recent earthquake in San Salvador had arrived with their parents after a long journey from El Salvador. Our transport nurse, Ellen Paquette, went to Logan Airport to assist in the safe transport back to the MGH and to the Shriners Burns Institute where most of the children were going for treatment. Manuel arrived in the PICU in a cardboard bassinet wrapped in crude blankets—most certainly a far cry from our own modern, sophisticated transport isolettes! I fell in love with little Manuel

when I looked into his dark brown, soulful eyes—as someone had described them sometime later. His eyes looked as if they had seen decades, not just the four short months since his birth. Perhaps the tragedies that Manuel had met were enough for four decades of any other person's life.

Manuel has come from a small village called Listique outside of San Salvador. The Perez-Rios family is like many other farming families who live off the land. They live far from the mainstream and as far away from the strife that riddles their country as they can. Maria, Manuel's mother, has had eleven children, nine of whom are still alive. The only form of communication with the outside world is a radio operated in a so-called "town hall." They get monthly mail delivery which is somewhat moot since nobody in the Rios family reads or writes. It didn't seem to matter much to the Perez-Rios family as everybody they knew lived in Listique until Manny was born.

Manuel was born in July with ectrophy of his bladder—which means his bladder was actually outside his body at birth. He was also born with bilateral congenital hip dysfunction. Maria sought medical treatment for Manuel in September in San Salvador, the capital of El Salvador. The doctors surgically returned Manuel's bladder to his abdominal cavity. As he was recovering, they decided to repair his hips by performing bilateral osteotomies. While in traction for this, he developed an ileus or a blockage of his intestine. He returned to surgery to have 25 centimeters of his jejunum removed. Unfortunately his previous surgical wound reopened sending poor Manuel back to "square one."

Then the earthquake occurred, a natural tragedy on top of a social

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In a very short time, nurse Marnie has developed a very close relationship with baby Manny.

Inside

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Shape up
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Hearts and flowers
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The recent snowfall quickly covered everything with a layer of white, including the sculpture on the Bulfinch Lawn.

MGH joins group to provide home health care

The MGH, long in the forefront of high technology among hospitals, has now entered the field of high-tech medical care in the home.

The MGH is joining forces with the New England Medical Center and Caremark, Inc., as a partner in New England Health Resources (NEHR) to provide sophisticated home health care to seriously ill or chronically ill patients.

The primary at-home treatments offered by NEHR include nutritional solutions to patients who cannot digest food or swallow; intravenous antibiotic therapy for patients with major infections; chemotherapy for cancer patients; and intravenous pain medication for those with chronic pain.

"New England Health Resources leads a new trend in health care," said Dr. J. Robert Buchanan, General Director. "It benefits the patients by getting them back home so much quicker than before. It benefits society by reducing costs of health care. And it provides the hospitals with a source of badly needed income at a time of fiscal constraints."

According to health care experts, treating selected seriously ill patients at home instead of in the hospital significantly boosts patient and family morale and often hastens recovery as patients become actively involved in helping to manage their treatment in a familiar surrounding. An NEHR study shows that the program also cuts

medical costs for patients by 60 to 90 percent a year.

Under the NEHR program, physicians select patients who they think would most benefit from home health care. Before the patient is discharged from the hospital to continue treatment at home, NEHR staff nurses meet with the doctors to review treatment plans and with the patient and family to teach them how to use and maintain the solutions and equipment. They are also available for 24-hour consultation and emergency services and visit frequently in the home to monitor treatment and progress.

One of the unique aspects of New England Health Resources is the guidance of the Medical Advisory Board, an independent board of leading physicians from the MGH and New England Medical Center, which sets strict criteria for patient care procedures and oversees quality assurance.

NEHR each month treats more than 350 adults and children in their homes—or in some areas at the workplace—who would otherwise spend many days and weeks in the hospital. Begun in 1984 by New England Medical Center and Caremark, it serves the six-state New England region and has experienced a 100 percent increase in the number of patients referred by doctors from more than 40 area hospitals.

Life-style

The Employee Fitness Program is alive and well and living in Ruth Sleeper Hall.

The instructors can now boast that three of its members are nationally certified: Kris Nelson by the International Dance-Exercise Association Foundation and Mary Rose Deak and Marlena Hayes, who have just been certified by the National Dance-Exercise Instructor's Training Association.

The MGH program is offered at 12:05, Monday through Friday; 1:00 p.m., Monday, Wednesday, and Friday; and 5:30 p.m., Monday through Friday, except Tuesday's class which is at 6:00 p.m.

To meet the needs of employees, the instructors have designed multiple levels and have included two Stretch and Tone classes each week. For more information, call Training and Development (Ext. 2230), or stop by Bulfinch 2.

The winter session of the Physical Therapy Department's Modified Employee Exercise class will be held from January 26 to April 16.

Classes are Mondays, Wednesdays, and Thursdays from 5:30-6:30 p.m., in

the Physical Therapy gym on Wang ACC 1. The fee is \$85.

Applications are available in the Physical Therapy Department (ACC 128), or by contacting Donna Dmuchowski or Julie Horowitz at either Ext. 2963 or 2957.



Winter is a good time to think about shaping up.



Now that the bicycle storage area (under awning) is about to reopen, there is no reason to park your wheels outside the fence instead of inside.

Park it here

Parking is easy at the MGH, that is, as long as you travel into the hospital on two wheels.

The newly renovated bicycle storage area, situated at the corner of Parkman and North Anderson Street, will officially reopen on Monday, February 2.

A new covering and lights have been added to the facility, which can hold as many as 120 bikes.

Bicycles may be parked there 24 hours a day, seven days a week. The attendant in the adjacent parking lot has the key to the storage area from 7 a.m. to 6 p.m. The key is available all other hours at the ticket booth inside the Parkman Street Garage.

This area is the only place within the MGH complex where you can legally park your bike. This means bicycles should not be attached to fences and

poles around the hospital. Bicycles left in any other area and presenting a potential for danger are subject to the dreaded "Bulfinch Boot."

A poetic thank-you

John Kwiatak believes that when people do a good job they should be thanked so they know their efforts have been appreciated.

Thus, when the high school English teacher from Lynn was a patient earlier this month on Baker 3, he wanted to let the Nursing and Dietary staffs know how grateful he was for his care.

So he wrote two poems:

"ODE TO THE NURSES OF BAKER THREE"

*Here's to the Nurses of Baker Three
Who've taken such great care of me
With skillful hands and caring ways
You help to ease your patients' stays*

*To each and every one I say
"May God be with you, and I pray
That the loving care you give each day
Be rewarded beyond what words convey."*

*So please be assured by these few lines
I'm thankful for your taking my vital signs
And even when your job seems tough
Hang in there 'cause you've got "the right stuff."*

"ODE TO SUPPER"

*The tomato soup was creamy
The pot roast tasted great
The salad and the buttered roll
And potatoes were first rate*

*I loved the apple pie
And decaf cup of Sanka
So tell the cook he's doin' great
Or if it's a "she," please thank!*



It's I.V. Nurses Week. Here, nurses Jane Shea (seated), Mary Ann Kenney, and Donna Murphy make 97-year-old William Correll feel right at home on Bigelow 9.

Radioactive iodine found in many tested after Chernobyl

Many adults and children arriving in Boston from Europe shortly after the Chernobyl nuclear accident last spring carried radioactive iodine 131 in their thyroid glands, but most carried safe levels.

That's the conclusion reached from the results of a free screening program offered by the MGH immediately after their return to this country.

Detectable amounts of the radioactive material were recorded in 45 of 58 individuals tested (nearly 78 percent). Most, however, including the fetuses of two pregnant women, showed only insignificant levels of radioactive iodine in their thyroid glands.

Four of the eleven children tested, whose thyroid glands are small in size, showed higher concentrations of iodine 131. A one-year-old Polish child, for ex-

ample, received 37,000 millirems, equal to more than 1,000 times the radiation in an average chest X ray.

"We do not know the long-term consequences of the measured exposures from radioactive iodine in the study population," said Dr. Frank P. Castronovo, MGH Radiation Safety Officer, "but of those exposed, the children may be at risk for future thyroid cancer and other difficulties."

No one in the group tested suffered any immediate thyroid dysfunction.

Iodine 131 was only one of several radioactive products emitted into the air during the accident. Because iodine concentrates in the thyroid gland, doctors can easily measure radioactive iodine levels with a simple device held to the neck and receive immediate results.

In General

Dr. Edgar Haber, Chief of the Cardiac Unit, recently received the "highest scientific accolade" presented by the American Heart Association—its *Research Achievement Award*. A leader in the broad area of biochemistry, immunology, and cardiovascular disease, Dr. Haber has been a pioneer in the use of antibodies to reverse digitalis toxicity; to image and verify heart attacks; to aid in the diagnosis of other cardiac diseases; and to target clot-dissolving substances so they may act more specifically on clots. This award by the AHA has been conferred annually since 1953 in recognition of distinguished scientific achievement in the field of cardiovascular research and consists of a special citation and an honorarium. Dr. Haber is a Higgins Professor of Medicine at Harvard Medical School. Sharing the stage with Dr. Haber were Dr. Kenneth I. Shine, President of the AHA, and Nobel laureates Drs. Michael S. Brown and Joseph L. Goldstein. All are alumni of the MGH. Drs. Brown and Goldstein, recipients of the MGH Trustees Medal last November, were presented the AHA *Research Achievement Award* in 1984. And Dr. Paul Dudley White, who pioneered cardiology at the MGH, was a founder of the AHA and received the first *Research Achievement Award* in 1953.

Dr. Michael P. O'Leary of the Department of Urology has been awarded a position as a Robert Wood Johnson Foundation Scholar at the University of California, San Francisco and Stanford University. He will be studying health policy issues relating to utilization management and reimbursement.

Just a reminder that the new MGH directories are still available while supplies last in the Communications Office, White 13.

Dr. Thomas B. Fitzpatrick, Chief of Dermatology, has been honored by the government of Japan for his outstanding contributions to promoting mutual understanding and friendship with that country. Over the past 34 years, Dr. Fitzpatrick has worked to strengthen ties between the dermatological associations of the U.S. and Japan. He was also a prime mover in the founding of the International Exchange Lectureship of Dermatology of Japan in 1957. Dr. Fitzpatrick was made an honorary member of the Japan Dermatology Association in 1969. Also honored was Dr. George H. Buchi from MIT.



Dr. Thomas B. Fitzpatrick, Chief of Dermatology, receiving medal from Japanese Consul General Minoru Tamba.

Volunteers with Premenstrual Syndrome are needed for a study in the Reproductive Endocrine Unit. All women must be between the ages of 18 and 40, in good health, on no medications, and have regular cycles without severe cramps. If you are interested in participating, or if you would like more information, please call Dr. Jofe at Ext. 8434 or 8437.

In response to the growing demand for microcomputer support and training, the Management Engineering and Training and Development Departments are pleased to announce the introduction of Microcomputer Training Courses at the MGH. These courses are offered exclusively to MGH employees at a reduced rate (\$132 for a full day and \$70 for a half day). All courses will be taught at MBI, a computer resource and training facility located at One Kendall Square in Cambridge, one stop from the MGH on the T. For more information regarding course descriptions and registration, contact the Training and Development Department at Ext. 2216.

Researchers in the MGH Memory Disorders Unit are seeking healthy volunteers to participate in research on aging and brain function. Subjects aged 40 or older can contact either Dr. Keith Johnson or Teri Doolittle at Ext. 7718.



Valentine's Day means hearts and flowers. And this year, you can receive a bouquet of carnations in exchange for a \$5.00 donation to the American Heart Association. Orders and payments are due by January 30. Checks are payable to the American Heart Association. Flowers may be picked up on February 13, from noon to 4:00 p.m., in the Cardiovascular Health Center (Wang ACC Room 221). For more information and to place orders, call Kris at Ext. 1843 or Kathy at Ext. 8248.



There was a long line of well-wishers, including Associate General Director Lawrence Martin (left), to say good-bye to Helen Twohig of the Professional Billing Office on her recent retirement from the hospital.



A hard day's work in the Baker Kitchen will never make Roma Holliday sick.

Holliday

from page 1

While sickness has never stopped him from coming to work, the elements have...just once.

"It was just after the blizzard in 1978," he explained. "The trains and buses weren't running, and I couldn't get in from Dorchester. But I did make it the next day."

Even now when Mr. Holliday is even a couple of minutes late for work, which is very rare indeed, his colleagues begin to wonder if this is the end of his streak, the day his 30-year perfect attendance record comes to an end.

But it hasn't happened yet. And given his health and dedication to his job, there is no reason to believe it will ever end.

"Roma has been a delight to work with," said Patricia Godek, supervisor of the Baker Kitchen. "Needless to say, he is reliable and dependable. But he's also a very pleasant person. It's been both a privilege and a pleasure to work with him. He deserves a lot of respect."

Kind words make Mr. Holliday feel good, not that he needs any particular reason for that feeling.

"I like my job, and I like the people I work with," he said. "But I'm kind of thinking about retiring and going back to South Carolina."

When he does leave, Roma Holliday will probably take with him something few if any of us will ever achieve.

To your health, Roma.

"Hospital operator"

The sad people of this city
Flash past my ear a moment
And are gone.

"Massachusetts General Hospital."

"Can I have detox?"

"Massachusetts General Hospital."

"My husband didn't come home.

Is he there?"

"Massachusetts General Hospital."

"Can I talk to my father's nurse?

He's dying."

"Massachusetts General Hospital."

I am a fallible switch
Directing crises to phones
Which ring elsewhere.
These fragments of people's lives
Flash upon my ear
And are gone,
Except for the slight vibrations
Left upon my nerves
And in my heart.

"Massachusetts General Hospital..."

—Michael Biales
Communications Department



Baby

from page 1

tragedy of a war-torn country. As it has been described by an interpreter, Manuel's life was saved by a nurse who ran from the crumbling children's hospital with Manny in her arms. He stayed in a dusty army camp for two days until they found a place for him in a hospital. Somehow, the Project Hope people were alerted of his sad condition. They arranged for him to travel with the earthquake victims to the USA for medical treatment.

Manny's wounds on his left ankle from an attempted intravenous access site and his bladder wound were almost too horrible to look at when he arrived. We developed dressings for him, with several changes in his care plan. As the wounds healed, simple wet to dry dressings were adequate for his deep ankle wound. Several methods of wet to dry dressings were attempted for his abdomen in order to clear the cadida rash

As we got to know each other, we shared happily in the daily progress of Manny's recovery and of the strangeness of a new country and city. Her face was shining with delight the day of the first snow she had ever seen. "Muy bonito," she said. She was amazed at all the Fisher Price toys, busy boxes, and stuffed animals that adorned Manny's crib. Often we were restricted to silence if there was no one to interpret or my crude Spanish was not adequate. So we would just look at Manny and smile. I think she knows how much we all love him.

When we were lucky enough to have Nick Cardenas or Neil Gittleman to interpret or Salena, a pre-med student who came with the children and parents from El Salvador, I was able to collect some data for my nursing history. I discovered that she very much wanted to breast feed but felt she was "dry." Grace Clancy and I attempted to teach her to use the electric breast pump in the privacy of the isolation room of the



Manny seemed to have more fun tugging on Santa's beard than opening his gift at the Christmas party for patients in the Children's Unit held last month on Burnham 4.

he had developed on the border of his wound.

Nutrition played a big part in Manny's better health. His weight was in the 10th percentile for his age when he arrived. Hyperalimentation was instituted with intralipids when he didn't tolerate feeds. The better his nutritional status got, the quicker his wounds healed.

My first meeting with Maria was an experience. As I fumbled through my Spanish dictionary, I attempted to ask her how she felt and if she had questions. She is a small woman with black hair always tied in braids behind her head. She arrived in a thin, cotton shift and open-toed sandals! Later that day she returned with sweaters and sneakers which became her standard outfit. She was shy at first, holding Manny in her arms, softly crooning to him. She appeared older than her 38 years. Perhaps it was her pure exhaustion from the long airplane trip or maybe it's the severity of the life in El Salvador.

PICU. We had Dr. Gittleman interpret the directions for the pump as we explained them to Maria, while he stood behind a closed curtain. She was unsuccessful with the electric machine, but when she attempted to express her milk manually, it began flowing freely. We all had a laugh when she said in Spanish, "Your machines don't work on me!"

Manuel eventually got well enough to move onto the Intermediate Unit and eventually to Burnham 5 awaiting surgery. By now perhaps you have met little Manny and Maria. You might have had a chance to help Manny, who is so less fortunate than you, from a culture so far removed from yours. Perhaps he gave you what he gave me—that beautiful smile and a twinkle from his deep brown eyes.

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As with any renovation project, it must look bad before it looks good.

Bunker Hill Health Center takes on new appearance

MGH construction work is going on not just in downtown Boston.

A major renovation project is now under way at the Bunker Hill Health Center.

Highlights include moving the Accounting and Registration offices to the first floor, consolidating all of the Dental Services on the second floor, and moving all Adult Specialty Services next to Adult Medicine on the first floor so that these two closely linked departments can make referrals and exchange information quickly.

In an effort to keep disruption of services to a minimum, work will take place in carefully planned phases.

During the first phase of construction, the following offices will be affected:

—OB/GYN will remain on the first floor in a new temporary location.

—The lab will move temporarily to the basement conference room.

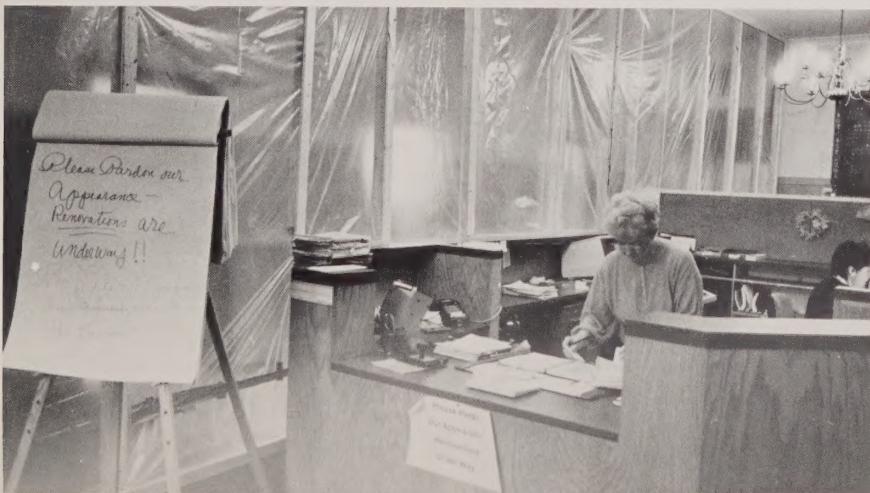
—The first floor adult patient waiting area will move to the old dental office (first door on the left as you enter the building).

—Speech/Language will temporarily move to an MGH facility in Somerville.

—Specialty (Dermatology, Eye, Physical Therapy, and Allergy) will temporarily relocate to the Speech/Language office on the second floor.

Two goals of the renovation are to provide a more efficient system of movement through the health center and to create a more comfortable setting for patients.

While this construction work continues, however, the staff at Bunker Hill hopes patients and visitors will “PLEASE PARDON OUR APPEARANCE.”



It's business as usual at the Bunker Hill Health Center information desk, while construction continues behind the plastic barrier.

See new inpatient room before it is built

The beds are neatly made, the chairs are in place, and everything appears to be in readiness for the patient's arrival. Except that this inpatient room doesn't really exist, at least not yet. In reality, this is a model of what the patient rooms will look like in the new tower.

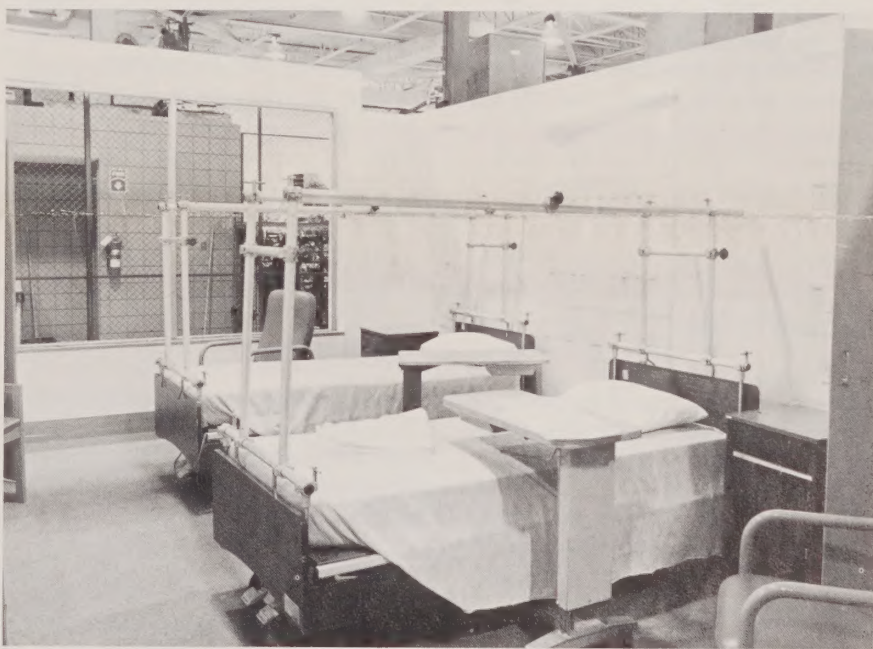
The second major design phase for the new 25-story inpatient tower is nearing completion.

This phase is called “Design Development” and starts to clearly define the space allocations as well as outline the dimensional documents used in building the new tower. The first phase, called “Schematic Drawing” was completed this past September and has since been updated based on comments from 17 different design committees that have viewed the nurses station and the preliminary typical room mock-ups.

The typical inpatient room is depicted in full size with rough walls and provides a feel for the area. For example, the mock-up has the double head-wall for medical gases, locations of beds, the size of the bathroom, and even a general view of the patient from the corridor outside the room. It also allows for beds to be easily moved in and out of the room and shows a possible location for furniture.

This first stage of the mock-up will be modified based on comments and reviews by the users. The next inpatient room mock-up will depict the room exactly as it would be found in 1990 with the exception of the nurse call system and a computer-based patient information system.

continued on page 2



Even though the new tower has yet to be constructed, a typical patients' room can be viewed at the MGH's warehouse in Somerville.

A rose by any other name

“I would change my name tomorrow if I could. I really would.”

She has heard all the humorless jokes, all the snide remarks, all the off-hand comments. Yet Donna Mills somehow has retained her perspective. She can even smile about it...sometimes.

She's had no choice.

Since Donna Mills, the actress, has gained fame—or in this case notoriety—on the CBS-TV program “Knot's Landing,” Donna Mills, the unit transcriber on Baker 3, has had to cope with suddenly having a famous name.

But fame does have its price, especially when you really can't call it all your own.

“I don't think a day ever goes by when I don't hear about it,” related Ms. Mills. “It wouldn't be so bad, I guess, if she didn't play such a sleazy character.”

For those of you not regular viewers of the nighttime soap, Donna Mills, the actress, plays the role of Abby Ewing, who makes a habit of chasing men, the kind already married. Let's just say a symbol of virtue and innocence she is not!

“No, the character she plays is definitely not the kind of person I'd like

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Inside

CPR instructor passes ultimate test
page 2

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MGH bowling rolls on
page 4

She practices what she teaches

Gail Venuti is an excellent certified instructor in CPR and, as it turns out, an even better student.

Ms. Venuti's knowledge and training in CPR (Cardiopulmonary Resuscitation) was put to the ultimate test recently when the clinical lab supervisor at the Bunker Hill Health Center rushed to the aid of a resident of her Medford apartment complex.

"My husband had just walked in and told me that an elderly man had collapsed in the lobby of our building," explained Ms. Venuti. "I ran out with my daughter and found that the man was not breathing and had no pulse. So I immediately began CPR."

For the first few seconds, there was no response. But Ms. Venuti persisted.

Finally, the man began taking a few breaths. Color quickly returned to his face. He had regained consciousness.

"I can't tell you what a relief that was," exclaimed Ms. Venuti, who has been teaching CPR at Bunker Hill and elsewhere for about three years. "It was wonderful that he was able to be resuscitated, but even more important, he did not suffer any brain damage."

The man was taken to a local



Gail Venuti

hospital, where it was determined he had suffered cardiac arrest. He recovered and is now home.

"The reason I took up CPR in the first place was because my husband has a heart condition," remarked Ms. Venuti. "I learned it hoping I would never have to use it. In this case, though, I'm glad I did."

Life-style

Be a Lifesaver. Join one of the MGH CPR classes and become certified by the American Heart Association in Basic Life Support.

Employees from all departments have received certification, and it is hoped that others will take advantage of this free course.

In June, 1986, the AHA made some major revisions in the standards for Basic Life Support. This new teaching material should be available by the end of March for use in CPR classes. And with these changes some changes will be instituted in the class schedule:

Recertification and Professional Staff (MDs, RNs, LPNs)—first Tuesday of each month—5 to 9 p.m.

Nonprofessional Staff—second and third Tuesdays each month—5 to 9 p.m.

All programs are full Basic Life Support programs and include infant, child, and adult CPR and Choke Saver.

Since space is limited, advanced registration is required for all courses. Applications are available at the Employee Health Services, Bulfinch 1. For more information, please call Linda Lass-Schuhmacher at Ext. 2576.



A look back

The year 1987 marks some significant anniversaries in the history of the MGH. Among them are:

150 years ago: In 1837, Dr. James Jackson, the MGH's first Chief of Medical Services, retired at the age of 60.

125 years ago: In 1862, the Board of Trustees voted to admit U.S. soldiers who had been wounded during the Civil War. Two hundred twelve soldiers were treated at the MGH at a charge to the government of \$4.50 per patient, per week.

100 years ago: In 1887, the MGH received a donation of \$100 from Waldo March to purchase the hospital's first photographic equipment.



20 years ago: In 1967, the MGH hired its first male telephone operator.

10 years ago: In 1977, the medical wards moved from the Bulfinch Building to the Bigelow Tower and the White Building. The hospital hired its first physician's assistant. And this year marked the opening of the Flower Shop and the Commuter Service office.



The Bulfinch Lawn area looks a little different now from the way it did 50 years ago when ground was being cleared for construction of the White Building. At far left is the Domestic building, and at far right is the Moseley building.

75 years ago: In 1912, the General Executive Committee (GEC) was created to assist the Board of Trustees in formulating hospital policy. That same year Dr. David L. Edsall received the first joint MGH-Harvard appointment as Chief on Continuous Medical Service and Professor of Clinical Medicine. He launched a program of laboratory research and clinical investigation that helped to elevate the MGH to world prominence.

50 years ago: In 1937, the MGH entered into a contract with Massachusetts Hospital Service Corporation (Blue Cross). On September 3 of that year, the first Blue Cross patient was admitted. Also in 1937 the Record Room installed a new record system, and night clerks were added to provide 24-hour service. In addition, the General Buildings were demolished to make way for construction of the White Building. And the Staff Clinic was established under the direction of Dr. Robert S. Palmer.

25 years ago: In 1962, the MGH entered the computer age as paychecks were printed by computer.

Room

from page 1

The second mock-up is the full-sized nurses' station constructed out of painted plywood that approximates the design of the typical nurses' station in the first tower. This typical nurses' station has facilities for a pneumatic tube station, dictation area, file storage area, unit secretary, patient record chart keeping areas, medication cart, and monitoring equipment layouts as proposed by the design committees.

In addition to these two mock-ups already constructed, a clean supply room will be built in which all the day-to-day necessities of a "typical" floor will be found in order to confirm that there is enough space.

If you would like to view these mock-ups, please contact your department design committee team members, and a view can be arranged.



The Wang ACC cafeteria is a good place to stay dry while watching the snow come down.

MGH considers taking plunge into pool

The MGH is evaluating the feasibility of creating an "At Home/On Call Temporary Secretarial Employment Pool."

A survey has been developed to identify the factors most important to those who would use temporary secretarial services. Responses to the survey will be used to shape the structure of the

Employment Pool to best fit the needs within the hospital.

All department heads, chiefs of service, principal investigators, and supervisory personnel should have already received this survey. If not, and you would like a copy, please contact Mary Riffe at Ext. 3892.

Benefits update

The Benefits Office announces several changes to the Tax Sheltered Annuity Program, effective January 1.

- Unionmutual TSAs will earn 9% interest, guaranteed through December 31, 1987 on all deposits.
- Unionmutual will no longer charge a fee on withdrawals made after age 59½.

- Connecticut General's fixed account will earn 7.75% interest.

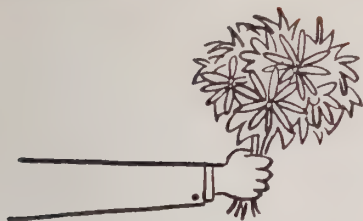
- Fidelity now offers three new growth funds: Europe Fund, Pacific Basin Fund, Growth & Income Fund.

Remember, the tax sheltered annuity program continues to be an excellent way to save for retirement. You can get more information from the Benefits Office, Bulfinch 2, Ext. 8133.



Blanche Myrick can't wait to dig into the cake at her retirement party held in the Penthouse. Ms. Myrick, a phlebotomist on Cox 1, has worked at the MGH for 21 years.

In General



Valentine's Day is traditionally a very busy time for the MGH Flower Shop, and this year should be no exception. With February 14 on a Saturday, employees are strongly encouraged to place orders in advance. By planning ahead, the Flower Shop will be able to serve you better and more quickly. A happy Valentine's Day to all!

Some prominent authors will be speaking to help a colleague who was a patient at the MGH. Stephen King, Kurt Vonnegut, John Updike along with seven other authors are planning a series of readings to raise money for Andre Dubus. Mr. Dubus, an author from Haverhill, was struck by a car last year and was treated for serious leg injuries at the MGH. The readings will take place in Cambridge during February and March. A series of dinners is also being planned.

Dr. Walter Guralnick will be giving a talk and slide presentation about health care in China on Thursday, February 19, from noon to 1 p.m., in Walcott Rooms 2 and 3.

Several staff members in the Speech-Language Pathology Department presented papers recently at the American Speech Language Health Association's annual convention held in Detroit. JoEllen Cumpata, M.A., CCC, chaired a session entitled "Language Abilities in Low Incidence Populations" and presented a poster session entitled, "Augmentative Communication System for use in an Acute Care Setting." This project was developed in conjunction with Ellen Donahue, M.S., CCC of the Speech-Language Pathology Department and David R. Lamborghini, B.S., Peter J. Martin, M.S., and John M. Vetere, B.S. of the Biomedical Engineering Department. Joan Kelly presented a paper entitled, "Determining Aspiration in the Tracheostomized Dysphagic Patient." This paper was coauthored by Donna J. Wilson, R.N., R.P.T. of the Respiratory Care Department, Lisa A. Newnam, M.A., CCC of the Speech-Language Pathology Department, and Dr. Alfred Weber, Chief of Radiology at Mass. Eye and Ear. Julie Atwood Wheelden presented a mini seminar on "Management: How to Survive in '86 and Beyond!"

Several physicians from the MGH were among the 150 doctors who weathered near freezing temperatures to run in the Colonnade's ninth annual Doctors' Run to benefit the American Heart Association, Greater Boston Division. Among the MGH physicians who participated were Drs. Lee S. Cohen, David A. Dichek, Hasan Garan, Michael A. Jenike, Martin Miller, Louis O'Dea, Jonathan H. Schwartz, Ted A. Stern, and George E. Tesar.

Steven Sauter has been named Director of Program Development at the MGH. Mr. Sauter came to the MGH from AtlantiCare Medical Center (formerly Lynn and Union Hospitals), where he was Director of Patient Support Services. Prior to that, he was Director of the Massachusetts Department of Public Health's Determination of Need Program. Mr. Sauter's MGH responsibilities will include the identification and development of new hospital programs and services, as well as overseeing hospital relations with the state Department of Public Health. He can be reached at Ext. 5104.

Donna B. Bernhardt, M.S., P.T., has been appointed an Assistant Professor in Physical Therapy at the MGH Institute of Health Professions.

Depression is a common and frequently unrecognized illness especially among the elderly. It is usually accompanied by changes in sleep, appetite, energy, concentration, motivation, and mood. If you, or someone you know, are 62 years of age or older, feel that you are experiencing such symptoms, and would like an evaluation and treatment, the MGH Psychopharmacology Unit can help. The Unit is now examining the effects of fluoxetine, a new antidepressant with fewer side effects than currently available drugs, on individuals 62 years and older. Patients will be seen immediately and will receive psychiatric care free of charge for up to seven weeks. Strict confidentiality will be maintained at all times. For more information or to set up an evaluation, please call Laura Pill, at Ext. 1654.

MGH researchers have been awarded a \$4.6 million grant to find a better way of dealing with rejection of transplanted hearts. The five-year grant from the National Heart, Lung and Blood Institute will support several projects involving the MGH Departments of Surgery, Medicine, Pediatrics, and Pathology in an effort to better understand as well as control organ rejection. "Rejection is still the leading problem in transplantaton, showing up in a number of ways and sometimes years after the transplant," said Dr. Paul S. Russell, Chief of the Transplant Unit and principal investigator of the study. The award is a continuation of a National Institutes of Health grant given to the MGH over the past 11 years for basic research relating to heart transplantation. The MGH is one of the few hospitals in the world capable of transplanting five different organs in both adults and children. These are heart, liver, kidney, pancreas, and bone transplants.

The MGH very often receives letters from patients and their families praising the hospital staff for the care given. Here is one such letter from the wife of a patient who received a liver transplant last April:

"I would like to let you know how fantastic every single employee of the MGH has been to my husband and me and my two sons. My husband might not have survived, and I would not have coped as well under extreme tension were it not for the compassion shown."

Sincerely,
Susi Friedmann
Hadley, MA

MGH bowling still strikes fancy of many employees

What explains the longevity of the MGH Bowling League, now in its 35th season?

One reason might be the love of the sport. Or maybe it's the camaraderie among employees that keeps the league's 25 men and 16 women coming back year after year.

The average member has been with the MGH Bowling League from six to eight years and some a lot longer than that, including several MGH retirees.

In fact, among team captains Joe Blanchard, Mal McLean, Danny Caufield, Dan Weisenmiller, Arthur

Members of the league are made up of nearly every segment of the MGH community, including Dietetics, Radiology, Environmental Services, Maintenance, Nursing, the Computer Center, and Administration.

Although the spirit of competition certainly exists, MGH bowling is also a lot of fun. The league is open to all employees, even if they have never bowled.

And although the season is half over, there is still time to join. If you're interested, please contact Danny Caufield at Ext. 2415.



Givens, Lenny Givens, Bob Pappas, Ron Baptiste, Amando Dockery, and Ambrose McLaren, there are some 60+ years of league experience combined.

Through the years, MGH bowlers have met at various locations in and around the Boston area, including Kenmore Square, in Cambridge, and presently in Davis Square, Somerville.

At the midpoint of the 1986-87 season, the *Big Bad O's* led the league with a record of 90 strings won and 46 strings lost. Led by Mr. Caufield, the league's president, other members of the *O's* are Mary Ann Bowers, Jim Green, and Frank MacDougall.

Following closely behind is the *Mean Machine* with a record of 84 strings won and 52 strings lost. *Mean Machine* members are Danny Weisenmiller; Judy Sacco, league treasurer; Ralph Bouvier, Sr.; and Ralph Bouvier, Jr.

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Photos processed by MGH Photo Lab

Name

from page 1

to be," remarked the unit transcriber. "Watching her, I often think, 'whose husband are you taking today?'"

So you can understand Baker 3's Donna Mills' problem.

"Sometimes it's so bad that I even resort to identifying myself as Donna 'Lynn,' which is my middle name, instead of Mills," admitted the eight-year MGH employee. "It's just easier than having to deal with people's comments."

And although she tries to avoid it, the unit transcriber says she does find herself being drawn to the actress in more than just name only.

"I do watch her and read about her," said Ms. Mills. "I know that her real name is Donna Miller and that she's into dance. I like the fact that, from what I've read, she's confident about herself and knows what she wants and how to get it."

However, there are definitely aspects of the actress's TV character that the MGH employee certainly would not want to emulate.

"She seems to always want what she can't have," explained Ms. Mills. "She never goes after single men but only those who are married. It's almost like a game to her. Whose heart can I break next?"



The character portrayed by Donna Mills, the actress, could learn a lot about the meaning of Valentine's Day from her MGH namesake.

With Valentine's Day being this Saturday, Ms. Mills believes that instead of flowers and candy, the TV character could use a different outlook on life and love.

"I think Valentine's Day is the time to let people know that you care about them," she said. "I send cards to my brothers, coworkers, and friends. I even remind the residents on the floor not to forget to send cards to their girl friends and wives. But I don't think Valentine's Day is just for people involved in a relationship. It's for people who just care about other people."

A native of New Orleans, Ms. Mills related that the reason she came to Boston eight years ago was because of a relationship she was involved in. The relationship didn't quite work out, but the job did.

"We might still get back together," said Ms. Mills. "He has since moved to Florida, but I do think about him a lot. I haven't given up hope."

And she also has some advice for the character her namesake plays on television. "I think love is deeper than physical appearance," asserted the Baker 3 employee. "Initially people are attracted to others because of their looks. But real love goes beyond that. The character Donna Mills plays on TV is almost too pretty. She abuses her good looks in the name of love."

Ms. Mills quickly points out that she is by no means an authority on love, just someone who enjoys people and who is constantly looking for ways of bettering herself.

"I wouldn't mind having more self-confidence," she stated. "But I would hope that even if I got married, I wouldn't change very much as a person. I'd still like to maintain my own identity."

Except, that is, when it comes to her name.

"No," Donna Mills said with a smile, "that would change very quickly. I've had it long enough. The other Donna Mills can have it all to herself."

Volunteer washers

Some months ago when Honey Trigg interviewed for the job of secretary in the Volunteer Department, she was asked a rather unusual question.

"Would you mind doing laundry every so often?" was the query from Pat Rowell, Director of the Department.

"I didn't know what to say," recalled Ms. Trigg with a smile, "I had never worked in a place where I cleaned people's clothes."

But everything comes out in the wash, so to speak, including the reason for the question. The Volunteer Department had just acquired a combination washer/dryer to clean the jackets of its staff members, with funds donated by the Ladies' Visiting Committee.

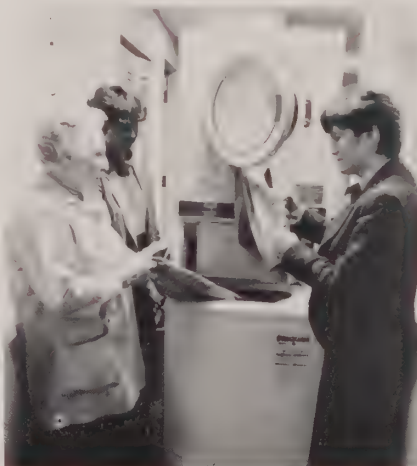
"It was just too expensive for us to send the jackets outside the hospital to be cleaned," explained Ms. Rowell, who takes turns with Ms. Trigg and coordinator Cathy Woodman in doing about five or six loads every two weeks or so. "This is really a convenient and a cost-effective way for everyone to end up with a clean jacket. We're very grateful to the LVC."

But before you start thinking about bringing your dirty socks to Gray 1, be forewarned that the virtue of volunteerism, although having its rewards, also has its limits.

"We don't do any other wash but the jackets," stated Ms. Woodman firmly.

She added that the wash actually takes very little time, and since the washer/dryer is set up right in the Volunteer Office, no one has to go out of the way.

Except, that is, for Pat Rowell's brother. One day he stopped by to take her to lunch. But before they could leave, he was sent on a very important mission...to the store to pick up more detergent!



Inspecting a load of wash in the Volunteer office are (left to right) Joan DeGuglielmo, Honey Trigg, and Pat Rowell.

MGH **HOTLINE**

26 February 1987

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Bulfinch 1, Extension 2206

Researchers find Alzheimer's disease markers

An international team of scientists, led by neurogeneticists at the MGH and a neurologist at the National Institutes of Health, reported last week that they have shown that a defect on chromosome 21 causes familial Alzheimer's disease (FAD).

The discovery of DNA markers close to the familial Alzheimer's disease gene provides a new avenue for scientists to define the precise cause of one form of Alzheimer's disease. Knowing on which chromosome the FAD gene lies should eventually permit them to isolate and characterize the gene defect. An understanding of the nature and function of the FAD gene may also reveal the cause of other forms of Alzheimer's disease in which inheritance may play a lesser role.

"Our discovery is the first definitive lead to an actual cause of Alzheimer's disease," said Dr. Peter H. St. George-Hyslop, a Research Fellow in the MGH Department of Neurology and principal author of a study published in the February 20, 1987 issue of *Science*. "Until now, virtually all the biochemical abnormalities detected in Alzheimer's disease could be explained as being the effect of some other unknown causative event."

"We can now infer that there is a gene in a relatively restricted region of chromosome 21 which causes Alzheimer's disease in members of those families who inherit this defective gene. Knowing the approximate location of the defective gene on chromosome 21, we can attempt to isolate it and find out how it causes Alzheimer's disease."

The MGH scientists employed the same recombinant DNA techniques which Dr. James F. Gusella, Director of the MGH Neurogenetics Laboratory and senior author of the *Science* paper, had previously pioneered to locate the Huntington's disease gene in



After a long, snowy winter, the wait for better weather may be just around the corner.

1983. Rudolph E. Tanzi of the MGH Neurogenetics Laboratory, in collaboration with Paul C. Watkins of Integrated Genetics Inc., isolated tiny fragments of DNA from chromosome 21 for use as genetic markers.

Specimens from a large Venezuelan family which led to Dr. Gusella's findings in Huntington's disease were used to characterize the chromosome 21 markers.

"We now need to examine additional families," said Dr. Gusella. "Studying additional families will allow us to confirm these results, to determine whether all familial Alzheimer's disease is due to the same gene defect, and to narrow even further the region of chromosome 21 which has to be examined."

Alzheimer's disease is a disorder of the human central nervous system which causes progressive memory and intellectual impairment in middle and old age. The disease, which is the fourth leading cause of death in developed countries, strikes people of every ethnic and socioeconomic group. So little is known about Alzheimer's disease that estimates of the numbers of people with the disease range from one to two million. Treatments are only marginally effective, and there is no cure.



Drs. Peter H. St. George-Hyslop (left) and James F. Gusella of the MGH Neurogenetics Laboratory scan DNA patterns on an X-ray to locate markers associated with the gene for familial Alzheimer's disease (FAD).

Campaign reaches new heights in '86

Was it the hospital's media attention during its 175th Charter Year? The impact of tax reform on charitable giving? Or the preparations to break ground for new inpatient buildings?

Whatever the motivation at the end of 1986, the total for the MGH Capital Campaign reached a new high: \$111,887,970. In all, more than 25,000 donors contributed to the hospital this past year, and the flurry of last-minute gifts kept the Resources and Development Office processing year-end gifts until almost the end of last month.

December alone brought in more than \$2,000,000 to the Campaign. The

continued on page 4

The poet, Horace

by Anne Macaulay

The first thing you notice about Horace Griffith are his eyes: they are bright blue. Then you notice the running shoes supporting his compact, energetic frame. There is the lively, bright mind that, together with the sneakers, keeps Horace Griffith moving gracefully through his work week.

Monday through Friday, Mr. Griffith is employed as a Station Clerk in the Medical Records Department. On weekends, he can be found guarding an office building near State Street.

He is also—in his "spare" time—a published poet.

He smiles when you ask him how he does it. "I can concentrate anywhere, especially with a lot of noise!" he jokes.

A modest, unassuming man who speaks in a soft Irish brogue (a gift, he explains, from his great-great grandmother in Ireland, who lived 106 years), Mr. Griffith adds: "A line from Kipling's poem 'If' says it better than I can: 'If you can fill the unforgiving minute/ With sixty seconds' worth of distance run./ Yours is the Earth and everything that's in it....'"

Horace Griffith is and always has been a man on the move. Born 59 years ago in Barbados, he has worked both in Great Britain and in the United States most of his adult life.

He spent his childhood on the grounds of a private girls' prep school, where his mother worked as housekeeper and his father, a "gentleman's gentleman" to the school president.

Reading from the age of five, Mr. Griffith credits his parents who "made sure I had even a rudimentary educational background, to be prepared for life later on."

In this cultured, "very British" boarding school atmosphere, he developed an appreciation for the arts, especially ballet and classical music.

Literature is, however, his first love.

He describes himself as a prodigious reader of "everything, especially the classics." That and hearing the "spoken language of the educated" are what first guided him to poetry writing.



Horace Griffith of Medical Records is constantly reaching for new forms of expression in his poetry.

At the age of 14, Mr. Griffith published his first poem, "An Ode to the Parish Priest," in a church magazine. In recent years, he has been published frequently in the KIT CLARK SENIOR HOUSE NEWS, a newsletter of a Dorchester-based social service agency providing a popular meals-on-wheels program. Since he

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Inside

Have art will travel
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Making decorating an art

Thirty years ago, Marilyn Monroe would have been in nearly every patient's room in the MGH if it were possible.

Today, the desire to look at pictures of the *blonde bombshell* of the 1950s has been replaced by a different kind of scenery, mostly seascapes.

"I think it shows how much people's tastes have changed over the years," explains Mrs. William Constable, who along with Mrs. Nelson Aldrich directs the MGH Art Service, which includes the Art Wagon that goes to patients' rooms throughout the hospital.

Begun in 1954 by the Institute of Contemporary Art, the MGH Free Art Lending Service is believed to be the oldest of its kind not just in the United States but in the world.

In the late 1950s, the service was taken over by the MGH's Ladies' Visiting Committee, which still oversees its operation.

"When we first started," said Mrs. Constable, "patients used to request what you might call 'calendar art.' Now they want pictures of scenery, and they even request particular artists, such as Winslow Homer and Claude Monet."

According to Mrs. Constable, seascapes are by far the most popular

prints, followed by farm scenes and flowers.

But the important thing is that patients can choose what they want in their rooms from an inventory of nearly 1,000 prints. And it's absolutely free of charge.

"I have found that patients like pictures that remind them of home," said Mrs. Aldrich. "They may even ask for an exact print of what they have in their own bedroom. Some have even wanted to *buy* a picture after seeing it in their room."

She pointed out, however, that one type of print not in much demand are those showing children, since children can sometimes be a reminder of one's own family members that they can't be with during their hospitalization.

But patients' taste in art isn't the only thing that has changed through the years.

"Years ago, patients were hospitalized for much longer periods of time," said Mrs. Constable. "so we would have to change pictures more often. Now people are here far less time, although the volunteers still try to bring the wagon around once every two weeks or so."

The prints can be changed easily thanks to a special frame affixed to the



Mrs. Constable (left) and Mrs. Aldrich surveying the latest selections from the wagon.

wall in many patients' rooms by the hospital's Carpenter Shop, which developed the frame.

Other volunteers responsible for the Art Wagon are Mrs. Howland Warren, Mrs. Henry Lyman, Mrs. John McCrea, and Mrs. Phillip Faneuil. In addition, Mrs. Constable and Mrs. Aldrich provide prints for offices, public spaces, and stairwells throughout the hospital.

"We like to think of it in much the same way as placing flowers in rooms," noted Mrs. Constable. "We think many of these prints are attractive and hopefully make people feel better just by looking at them."

Occasionally grateful patients donate their own prints to the Art Service. But Mrs. Constable is quick to emphasize that the group is not looking for any such contributions.

"Some pictures even come to us after

being found in closets around the hospital," added Mrs. Aldrich. "They may have been there for years and forgotten until someone was cleaning and discovered them."

Most of the prints are in fact purchased at discount from the Harvard Coop. They are reproductions of popular works by famous artists. But not every picture is easily recognized.

"I'll never forget years ago when I was bringing the Art Wagon around, I stopped in one particular patient's room to ask if he would like a picture on his wall," related Mrs. Constable. "He chose one, complimented it, and then asked, 'Did you paint this yourself?' It just happened to be a reproduction of a Claude Monet painting. Although I had been trained in art, I assure you I've never done anything quite that good!"

Life-style

March is National Nutrition Month. Most of us are familiar with the theories behind good nutrition. We know that in order to stay healthy, we should keep our weight under control and eat foods that are low in fat and high in fiber. But how much do we really know about putting this theory into action?

The following quiz will help you test your "Nutrition I.Q." as National Nutrition Month gets under way. Look for additional information and activities throughout the month, sponsored by the Department of Dietetics.

NUTRITIONAL QUIZ

1) True or false: Eating a salad each day is a good way to add fiber to your diet.

2) Which meal is lower in calories? Meal A: Ground sirloin patty (6 oz.), cottage cheese (1/2 cup), 2 cling peach halves, or Meal B: Spaghetti (3 oz.) with marinara sauce (2/3 cup), and parmesan cheese (1 tbsp.).

3) True or false: The best vegetable oils and margarine to buy are the ones labeled "no cholesterol."

4) Which has more calories and fat, one tablespoon of butter or one tablespoon of margarine?

5) True or false: Cream of Wheat is a good source of fiber.

6) How many calories does this typical fast food meal contain? Quarter pound burger with cheese, large fries, medium soft drink.

7) True or false: A good way to cut down on fat intake is to use cold cuts and frankfurters made from chicken or turkey

8) True or false: Vitamin supplements are a good "insurance policy" for good health, even for those consuming a poorly balanced diet.

ANSWERS

1) It depends on what you put in the salad. If your salad consists mainly of iceberg lettuce with a few slices of tomato or cucumber, you're really not eating an appreciable amount of fiber. One cup of iceberg lettuce contains less than one gram of dietary fiber. In order to make that salad really count, be sure to include a wide variety of high fiber vegetables including raw spinach, broccoli, cabbage, carrots, cauliflower, peas, and zucchini.



2) Although Meal A looks like the "diet plate" included on many restaurant menus, it is actually quite a bit higher in calories than Meal B. Meal A contains approximately 840 calories, while Meal B provides only

315 calories! The difference in calories is due mainly to the use of red meat and regular cottage cheese in the first menu.

3) False. The "no cholesterol" labeling is a marketing gimmick, and it can be misleading. Vegetable oils and margarines are made from vegetable source foods, and therefore, never contain cholesterol! Remember, animal-source foods always contain cholesterol and vegetable-source never do. Also remember that "no cholesterol" does not mean low-calorie nor does it mean that the product is low in saturated fat.

4) Both margarine and butter have about 100 calories per tablespoon, and in both cases, all the calories come from fat. The difference between margarine and butter is in the type of fat they contain.

5) False. Cream of Wheat is made from processed wheat (farina). During processing the bran layer of the wheat kernel is removed, along with most of the dietary fiber. Oatmeal, Oat Bran, Wheatena, and other cereals made from the whole grain (i.e. grains from which the bran layer is not removed) are much higher in fiber.

6) Would you believe more than 1,000 calories, 1,055 to be exact, along with a whopping 53 grams of fat! That's almost 50% of the daily calorie requirement for most men, and well in excess of 50% of the requirement for most women.

7) One turkey frank and two slices of chicken bologna each have approximately 11 grams of fat. That is somewhat lower than a regular frank (11-13 grams) and two ounces of bologna (14-17 grams) but is a lot higher than a 3-oz. serving of broiled chicken with the skin (4 grams) or fish (less than 1 gram). Most poultry-based cold cut products still provide significant amounts of fat and are also higher in sodium.

8) False. No vitamin supplement can compensate for the health problems associated with a diet that is too high in calories and fats and too low in fiber. Also, it is important to remember that there may be essential nutrients that science has not yet identified. The only way to insure that you receive these nutrients, along with all of the nutrients we do know about, is through a well-balanced diet that includes a wide variety of foods.

A picture of growing up in the city

"The first time I got really beat up was when I was 12. I was playing with a few friends, and some older kids came by, and they broke my arm and scraped my face on the cement. They hurt us real bad. And then it happened two, three, about four times more. Maybe because I was Portuguese. After that, I didn't come out for a long time."

If there's one thing on which parents and children often agree, it's that growing up is no bed of roses. There seems to be no easy way of getting through those difficult years between adolescence and adulthood.

But most like Paul Batista somehow not just survive the physical and emotional bumps and bruises they often have to suffer but, in fact, overcome them to become successful and respected grown-ups.

The teen experiences of Mr. Batista and 15 others have just been published in a new book entitled **NO EASY ROSES: A look at the lives of City Teenagers**.

A Photo Assistant in the MGH Photography Lab, Mr. Batista, now 21, was one of the students quoted in the book, photographed by Olive Pierce, a teacher at Cambridge Rindge and Latin School.

Mr. Batista was a former student of Ms. Pierce, and he credits her for more than what she did in the classroom.

"She's not just a teacher but a friend," remarked the MGH employee. "She was the one who got me interested in photography. I'll always be grateful to her for that."

In addition to what he encountered as a teen-ager on the outside, Mr. Batista faced a more serious enemy on the inside of his own body. At the age of 16—what he describes as a turning

point in his life—doctors discovered that he had a brain tumor.

"I went to the MGH and had radiation treatment every day," he said. "It just shrunk. The doctors at the hospital are great people. My psychiatrist helped me bring out my emotions. I could never cry before, even though I wanted to."

Mr. Batista describes the book as a realistic picture of his own life and that of his former classmates. "I think it's a very strong story," he added.

But instead of the past, today the Photo Assistant's thoughts are very much with the future. He has been with the MGH for two years and looks forward to the rewards and challenges of his job. And when Mr. Batista was interviewed for the book four years ago, he talked about his family and also looked ahead.

"We were all born in Portugal. They wanted something better out of life than what we had over there. Better jobs, better future, an education for us. My sister succeeded, and I'm going to succeed too.... I love it here. I wouldn't go back and live there. In a few years, we'll be OK."



Paul Batista can now look back on his years as a teen-ager and smile.

Poet

from page 1

began working at the MGH two years ago, the Medical Records employee has had two "shows" or displays of his current work on view on the Gray 1 bulletin board.

Writers write for as many reasons as there are writers. Mr. Griffith, when asked what moves him to write, likes to quote Cambridge poet Celia Gilbert, who says, "I write to find out what I am thinking." He adds, "Writing stimulates me. I am never lonely because I have my writing. It is an outlet and gives me extra energy to keep up my schedule."

A widower for the past nine years, and father of one son (a career officer with the Royal Air Force stationed in Germany), Mr. Griffith shrugs off his routine as being "a lot easier" than it was a few years ago.

At the age of 52, Mr. Griffith decided to enter college full time. He carried five courses a semester and worked two jobs totaling 40 hours a week. "I had been working as a security guard at UMASS/Boston, and I started noticing everything around me, situations, people. I would stop the professors to ask questions, and they encouraged me to apply to the university."

Not surprisingly, he majored in English literature, maintaining a B+ average.

College life agreed with Horace Griffith. He worked in the Student Affairs Office, served as Treasurer of the Student Activities Committee, and was President of the Afro-American Society.

Since 1985, Mr. Griffith has worked at the MGH. But in his free moments,

he writes poems—about love, understanding, fellowship, and even social awkwardness.

He keeps to no strict writing schedule and, to budding writers, offers this advice: "Write down your thoughts regardless of how silly or insignificant they may seem at first. Forget grammar, meter, all that stuff. You can revise and edit your work later."

Mr. Griffith is well qualified to write about understanding and fellowship among people. "Horace is a nice influence to have around," said Kevin Ford, his supervisor in Medical Records. "He always has a nice word to say to everybody. Everybody likes him."

Like almost all of us, Horace Griffith works because he has to. But if he didn't, if he won *Megabucks* tomorrow, he thinks he would like to return to school for counseling/therapy work. He enjoys helping people "sort through problems" but adds that he would also "volunteer every available moment to encouraging and showing youngsters how fascinating and rewarding it is to be articulate."

Megabucks or no, Horace Griffith is satisfied with his life and his many achievements. He says it best in an excerpt from his poem, "They Thought I'd Never Make It:"

*I soon confounded every one
Of those harbingers of despair,
Who found, to their amazement,
I was finally getting there.
It only took perseverance and
Some help from Heaven, too
With confidence in myself, I did
All I was not supposed to do.*

TOWN MEETING THURSDAY, MARCH 5 4 P.M., WANG ACC CAFETERIA

In General

The spring, 1987 edition of the City Book is now available for 25¢ in the Personnel Records Office on Bulfinch 2. MGH employees are also entitled to the following:

Magic Kingdom Club

Busch Gardens Passport Club

B.J. Wholesale Club

Sarni Cleaners Discounts

America's International Travel Club

Mass Buying Power, Inc.

Car Rental Discounts

Car Leasing Discounts

For details on any of these discounts, please check with Personnel Records.

Dr. Edward W. Webster, Director of the Division of Radiological Sciences and Technology, has been appointed a member of the U.S. delegation to the United Nations Scientific Committee on

the Effects of Atomic Radiation. Dr. Webster will be joining the committee at its meeting next month in Vienna, Austria.

A psychoeducational/support group is now forming for adult children of alcoholic parents. The purpose of the group is to provide a supportive environment where members can share experiences about growing up in a home with alcoholism. The goal is to enhance members understanding of how that experience affected them then, as well as in their lives now. The group will meet on Thursdays in the MGH's West End Group Practice, Wang ACC 712, from 5:30-7:00 p.m., and begins March 19. Coleaders of the group are a clinical fellow in Psychology and a Clinical Social Worker. For further information or to make a referral, please call Trudy Yukl, M.S., West End Group Practice, at Ext. 2712, or Amy Davis, LICSW, Social Service Department, at Ext. 2640.



Emily Hajar of the Blood Transfusion Service and Dr. Charles Huggins, Director of the unit, admire gift presented to Ms. Hajar at her retirement party.



Filling the Valentine box for students at the Germaine Lawrence School in Arlington are (left to right) Jeanne McAdam, Mary O'Quinn, Carol DaRu-Johnston, Louise Hotz, and Wendy Maynard.

Secretaries who rather give candy than receive it

The secretarial staff of the Department of Anesthesia displayed their hearts in a big way this year for Valentine's Day.

The secretaries collected money to buy candy for students at the Germaine Lawrence School in Arlington, a non-profit school serving adolescent girls and their families.

This is not the first time the MGH group has given of their time and

money for the school.

Last Christmas, instead of their usual intradepartmental gift exchange, the Anesthesia secretaries and some of their friends raised money to provide all the wrapping materials needed for gifts and then spent an evening wrapping presents at the school in addition to a money gift.

Campaign

from page 1

majority of these gifts were designated toward the new inpatient project.

"The start of construction in March should set off another flood of interest in the Campaign," said Herbert P. Dane, Campaign Director. "Both donors and staff are eager to see what we've been working for since the Campaign was launched in 1981."

So far, the Capital Campaign has succeeded in funding the Wang ACC and the Wellman Research Building and renovating floors in the White Building and Bigelow Tower.

More than three quarters of the contributions to date have come from individual donors, most of them former patients whose appreciation for the care they received at the MGH is reflected in their generous gifts. A smaller percentage of pledges and gifts comes from corporations and foundations seeking to sustain MGH excellence for future patients and the New England community.

"We have the medical, technical, and support staff here to thank for making the hospital so precious to the people who give money," said Mr. Dane. "With campaign contributions, the MGH can give its staff the kind of working environment it deserves."

The home of champions

If you're ever looking for a success story, go no further than the General Cafeteria.

Any time, day or night, you'll see one.

They are there, encased in glass, inside the sports trophy case.

The Mutts of '86, the Ghostbusters of '84-85, the Bees of '85-86, the Warriors of '80, all champions in basketball, bowling, and even bocce.

And who can forget the MGH softball teams, champs of the Boston Hospital League for five consecutive years (1972-1976).

"Those were great teams," recalled Al Fiore of the Pharmacy, player/manager of the clubs. "I sure have a lot of fond memories of players like Jimmy Wilson, Mike Kelly, Bamma Rowell, Charlie Manley, Jack Fiola, John Nolan, Jack Wiencek, Mark Mohan, Bob Hogan, and Steve Tarallo."

And those memories come rushing back every time he goes by the trophy case.

"The Carpenter Shop actually built the case because we needed a place to store all the trophies we won," explained Mr. Fiore. "We didn't even enter the Greater Boston Hospital Softball League until about 1970. And in the 10 years we were members, I think we missed the playoffs only once."

Although all the awards and trophies in the case obviously have much significance, one of the smallest might be the most special—a silver cup.

"It was supposed to go to the home of the new softball champion every year," noted Mr. Fiore, "except if one team won it three years in a row. Then they could keep it permanently. And

that's what we did. I still think it was quite an accomplishment."

So the next time you're in the cafeteria—perhaps some morning while eating the breakfast of champions—take a look at the home of champions.

Basketball playoffs heat up

The 1987 champion of the MGH Basketball League is about to be crowned.

It's playoff time once again, as the Wellman Generals seek to defend their 1986 championship.

The Generals, 9-1 in the regular season, take on the Materials Cardinals (3-7) in the semi-finals. In the other best of three semi-final match, the Dietary Warriors square off against the E.W. Ortho team.

In the quarter finals, completed earlier this month, the Cardinals defeated the Personnel Bulldogs, while the Warriors downed the team from Psychiatry.

The final standings from the regular season are:

Generals	9-1
Ortho.	8-2
Warriors	7-3
Bulldogs	3-7
Cardinals	3-7
Psychiatry	0-10

Games are played Wednesday evenings at Boston English High School.



The trophy case in the General Cafeteria holds many symbols of excellence, including the MGH Softball Championship trophy (insert) presented to manager Al Fiore (left) by Associate General Director Lawrence Martin in 1975.

The MGH HOTLINE is published twice monthly by the MGH News Office.

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Thanks to the Capital Campaign, the new inpatient towers are about to be transformed from pen and paper into concrete and cement.



5 March 1987

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MGH **HOTLINE** **UPDATE**

Tower project set to go

The very face of the MGH is about to change. Beginning this month, workmen prepare for the building of the new 25-story inpatient tower.

This construction will also result in several changes being made inside and outside the MGH.

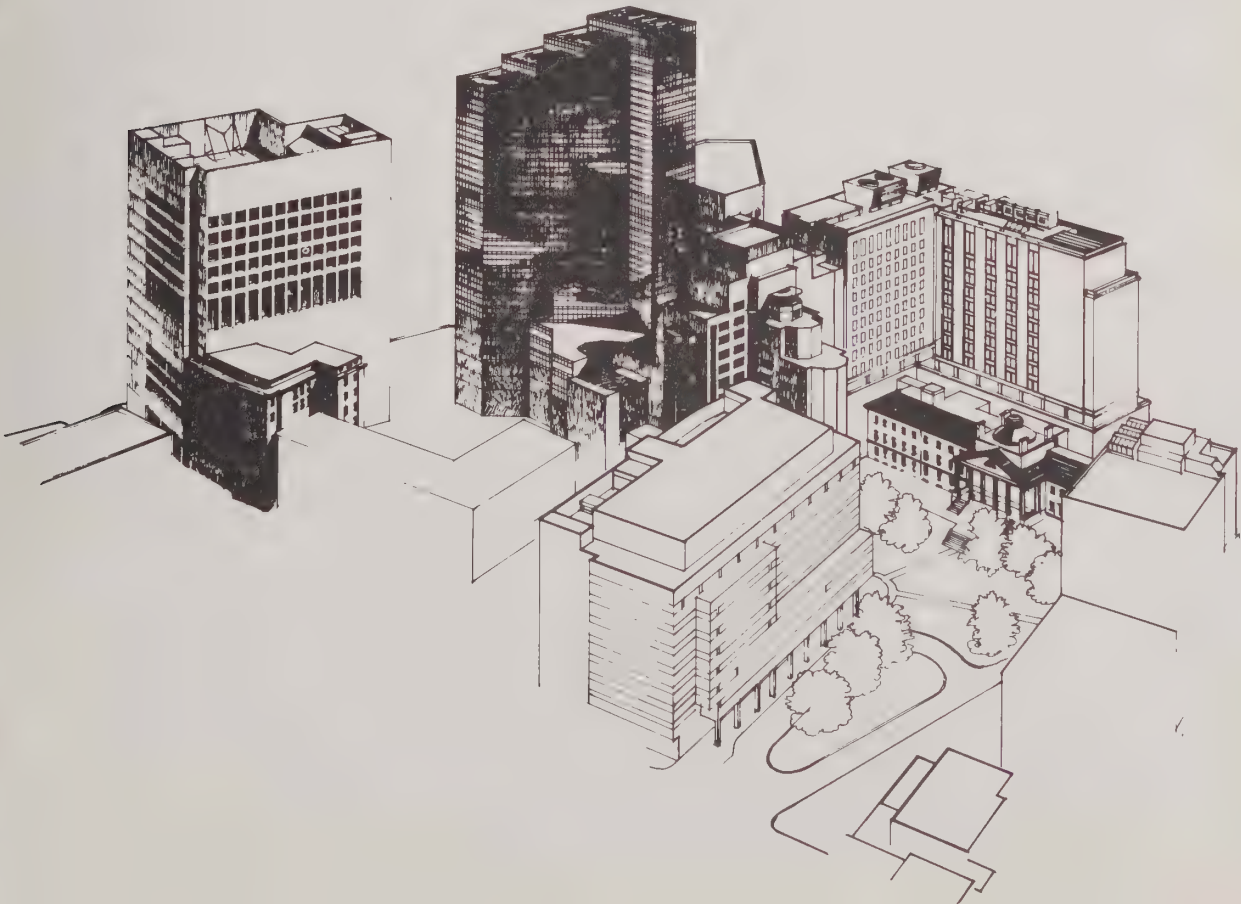
In an effort to keep employees, patients, and visitors as well informed as possible, the **HOTLINE** is publishing a summary of the major changes that can be expected in the next four-to-six weeks:

* Beginning this week, the windows in the General Cafeteria nearest the

patio area will be blocked up and refinished. Additional lighting and a new table layout is being provided.

* On March 9, the 75 seats in the General Cafeteria under the White Building's west wing will be eliminated, and a wall will be constructed separating that area from the rest of the cafeteria. Additional seating will be available in the Patio Room, and a new air-conditioning system will be turned on to cool the cafeteria space. Windows on the

continued on page 2



Tower

from page 1

first and second floors of the west side of the White Building overlooking the site of the new tower will also be covered.

* Also, a new delicatessen food service line will be open in the East Cafeteria. (See March 12 HOTLINE for more details.)

* In addition, the existing cherry tree in the back courtyard near the Patio will be transplanted in an area near the Bulfinch Lawn and the Wang ACC Building.

* Later next week, the seven-bed wing in the Emergency Ward will be relocated, with a wall constructed separating that area from the rest of the E.W.

* On March 14, the second floor Radiology Stress Lab will be relocated from its present location in the White Building west wing to new space closer to the Vincent-Burnham/Clinics Building on White 2.

Monday, March 16, will see further changes relating to construction. These include:

* Construction of a fence to be built around the front of the Phillips House from the Mass. Eye and Ear Infirmary to the ramp leading to the entrance of the Warren Building. Entry to the courtyard behind the Phillips House will be restricted. The main entrance to the Phillips House will become an "emergency only" exit, and all employees and visitors should plan to use the Warren Building lobby entrance. The "Pharmacy" entrance to the Vincent-Burnham Building previously used by many employees will become an "emergency only" exit.

* The Baker Building corridor going between the White Building and the Phillips House/Warren Building will be covered over on the courtyard side on the basement level as well as the first, second, and third floors.

* The Phillips House arch will be increased in height and width to allow construction equipment to have easier access to the construction site.

* And on March 23, demolition will begin on the west wing of the White Building.

In addition to these scheduled changes, others can be expected within the next six weeks, although no dates have been set. These will involve the following:

* A new emergency egress door out of the first floor west end of the Vincent-Burnham Building and stairs to the street level.

* The exit door out of the Vincent-Burnham stairwell next to the Pediatric Office opposite the elevators on the first floor will have their directions of swing reversed. Vincent-Burnham air-conditioning units will be relocated to an area behind the Rehabilitation Clinic.

* The future construction site for Tower 1 will have approximately eight feet of soil removed from the entire area before driving of the steel interlocking sheeting. Excavation should start in early April, with sheeting to begin in mid-April.

* All windows within 30 feet of the future construction site overlooking the construction area will eventually be covered over. Windows that will be affected are in the White Building, Vincent-Burnham, Phillips House, and the south wing of the Baker Building.

* Removal of the old cafeteria air-conditioning vault is scheduled for early April. Demolition of the Rehabilitation Clinics Building is tentatively scheduled for June of this year.

Future issues of the HOTLINE will describe other changes that may affect the way the MGH provides health care services during construction.

12 March 1987

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Bulfinch 1, Extension 2206

Changes on Bulfinch 2 seen as a benefit to all employees

There are new job assignments as well as a new focus these days in the Department of Human Resources, all aimed at providing the best possible service to the MGH's more than 8,000 employees.

The following personnel have been appointed Assistant Directors of Human Resources: Richard Montgomery, Kurt Westerman, and Kathy Rice.

Mr. Montgomery will coordinate the Wage & Salary planning for the General Hospital Corporation, as well as serve as a Corporate liaison.

Mr. Westerman will coordinate the Fringe Benefit planning for the General Hospital Corporation, as well as oversee the activities of the Employee Health Service function.

Ms. Rice, currently Personnel Director at the Spaulding Rehabilitation Hospital, will be responsible for the Employment, Employee Relations, and Training and Development function

from a Corporate standpoint. In effect, she fills the vacancy created when Jeff Davis became Director of Special Support Services.

In addition to these appointments, three other members of Human Resources have been given new titles:

Cheryl Doughty of the Wage & Salary Office has been named the Manager of Wage & Salary. Kevin Harrington of the Benefits Office has been appointed the Manager of Fringe Benefits. And Beverly Lasovick of the Employee Relations Office is the new Manager of Employee Relations.

In making the announcement of the new job assignments, Thomas Rothwell, Vice President for Human Resources, noted that these changes will make the department more effective in carrying out its many responsibilities.

"The restructuring really allows us

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Kurt Westerman (left), Rich Montgomery, and Kathy Rice now have new titles and responsibilities on Bulfinch 2.

Family's commitment brought to White 7

"...To assure that health services will be available to all people," reads the plaque on White 7, the floor that serves many indigent patients.

Last December, 96-year-old Mrs. Elizabeth M. Gitt pledged \$1 million to the MGH Capital Campaign in memory of her husband Josiah and her son Charles. On February 17, Eleanor and George C. Taylor, Mrs. Gitt's daughter and son-in-law, came to the MGH to represent Mrs. Gitt in a formal dedication.

Touring the renovated floor with head nurse Kay Carpenter, R.N., Mr.

and Mrs. Taylor snapped pictures of White 7 to show Mrs. Gitt.

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As preparations begin for the new inpatient towers, it was another construction project—the White Building—that got under way exactly 50 years ago in virtually the same area. The building on the right is the Baker Memorial, and the Phillips House can be seen in the background in this 1937 photograph.



A shoulder-held camera frames Dr. James Gusella, Director of the MGH Neurogenetics Laboratory, during a news conference in the Walcott Room to report the discovery of Alzheimer's disease markers. Eight local and network camera crews attended the briefing.

FoxHill Village geared to meeting needs of elderly

Several years ago, the late Eleanor Clark came up with an interesting idea.

The then Director of Social Service, who strongly believed that the hospital's obligation to the patient didn't end at the time of discharge, envisioned how the MGH would meet the needs of the growing elderly population.

She proposed that the elderly live in a so-called "lifecare" setting as independently as possible yet having health services readily available when necessary.

Later this year, Eleanor Clark's dream will begin to become a reality with the construction of FoxHill Village in the town of Westwood.

Situated on an eighty-acre site adjacent to Routes 128 and 109, FoxHill Village will be a 357-unit retirement community featuring one- and two-bedroom units that may be purchased by those 62 years of age or older who wish an active life in a retirement community sponsored by the MGH.

Like many condominium/cooperative complexes, it will offer amenities such as 24-hour security, housekeeping, maintenance, dishwasher/disposal, patios or balconies, basement storage, washer and dryer, and transportation.

But it will also provide features not found in many independent communities: a restaurant and private dining

rooms, a post office, recreational rooms, guest accommodations, and comprehensive health services.

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BHHC employees briefed on Navy Yard plans

Although no one can predict what the future holds in the area of medical research, Vincent Cucchiara can say with some assurance *where* the future of much of the MGH's research activities will be taking place—at the former Navy Yard in Charlestown.

At a meeting held February 17 at the MGH's Bunker Hill Health Center, Mr. Cucchiara told health center employees that prospects for having a new MGH neighbor moving down the block look good.

"We expect that Charlestown will be a major research focus at the MGH for the next 25 years," asserted the Vice President for Program Facilities and Development. "We're very excited about it."

Mr. Cucchiara explained that there were three primary factors in the decision to look at Charlestown as a

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Elizabeth Gitt's daughter Eleanor Taylor (standing right) is taken on a tour of newly renovated White 7 by (left to right) Dr. W. Gerald Austen, Chief of General Surgical Services; Kay Carpenter, head nurse; and Dr. J. Robert Buchanan, General Director.

White 7

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"Mother will be so pleased," said Mrs. Taylor, noting the floor's private bathrooms, spacious nurses' station, and sunny patient lounge.

"Before the renovation was finished last June, the nurses' station was so cramped, life was pretty chaotic," said Mrs. Carpenter. "Now we can be much more efficient on this very busy 27-bed floor."

Who are the Gitts and why did their family give \$1 million to renovate White 7?

For the answer, we can turn to an editorial Josiah Gitt wrote in 1944 for the York, Pennsylvania *Gazette and Daily*, the newspaper he published and edited with his son Charles. "Our human material is invaluable to us.... We have got to see to it that humanity does receive medical and health service in accordance with need, irrespective of all other considerations. We cannot afford not to do so."

Mr. Gitt, who died at the MGH in 1973, crusaded in every issue of his newspaper for the rights of America's poor, handicapped, and racial and religious minorities. Although born to wealth and prominence, he did not regard the newspaper business as a business, but as an instrument for striking out at the inequalities in the system. He wrote editorials for the paper from 1915 to 1970, until it was sold to *The New York Times*.

The Gitt's gift to the MGH reflects the family's life-long commitment to helping others and will enable White 7 to continue providing equal quality care for all patients, even if they cannot afford it.

First opened in 1939, the floor has always made medical care available for the poor. Last year, the operating costs of White 7 were part of the \$21 million the MGH expended for free care for the poor.

"No one of us has any right to consider himself or herself a success in life who has not contributed toward making this a better world," Mr. Gitt once wrote. "That and only that justifies

one's having spent a life on this earth."

Mrs. Carpenter believes that Josiah and Charles Gitt would be proud to see White 7 today. "With these new facilities, we can attend to our patients properly," she said. "If there is an emergency, we can take care of it much more efficiently. We can deliver good health to the people who need it to survive some difficult life situations. We're very thankful to Mrs. Gitt and her family."

Life-style

Seventy-three members of the Department of Dietetics are the most recent graduates of the Zenger-Miller Supervisory Program, sponsored by the MGH Office of Training and Development.

These programs are modular work shops designed for supervisors and managers. They are aimed at developing strong interpersonal skills, as well as in individual and team performance. The courses are also intended to help supervisors manage change in today's "do more with less" economy.

The following Dietetics employees received certificates on February 20 from Thomas Rothwell, Vice President for Human Resources:

Donna Acox, Lorraine Allan, Russell Andolina, Rowan Baptiste, Susan Barraclough, Corwin Bastian, Kathleen Behan, Deborah Boudrow, Samuel Brown, Eileen Buckley, Barbara Buswell, Margaret Canal, Elena Carbone, Mary Cefalo, Joanne Chisholm, Mirta Colon, Beth Cornell, Carol Craig, Kathleen Creedon, Sharon Darak, Linda Delahanty, Denise DeSalvo, Denise DeSimone, Margaret Dodson, Helen Doherty, Karen Ells, Joseph Field, Catherine Fitzpatrick, Junior Forde, Mary Kay Fox, Kathryn Gairing, Gretchen Garlow, Madeline Glynn, Patricia Godek, Clara Grant, David Haynesworth, Cynthia Howard, Christine Jacobson, Mark Jay, Susie

Teaching children about hospitals

"Commitment to Caring" will be the theme of Children and Hospitals Week, observed this year at the MGH from March 22 to 28.

Sponsored by the MGH Children's Service, this year's theme, selected by the Association for the Care of Children's Health (ACCH) is one that signifies an understanding that the future health of our children hinges on our commitment, as a society, to pro-

vide them with the best health care possible.

March 26 to participate in a "hands on" hospital tour and fair. A team including members of Recreation Therapy, Nursing, Dietetics, Physical Therapy, Speech and Language, Radiology, Pharmacy, Social Service, and others has been organized to help youngsters understand illness and hospitalization. Sally Cave, Child Life Specialist, is also planning a "take home" kit for teachers and parents.

This year, patients on the Burnham floors will also be honored throughout the week. Donna Acox, pediatric dietitian, is planning a special tray for the children and their parents, which will include educational and play materials.

Health team members will also be wearing buttons from ACCH demonstrating their "commitment to caring."

Make sure to see the display case across from the General Store. It will feature art done by patients and writings depicting their perception of hospitalization. Photos of the pediatric staff in action will also be shown.



vide them with the best health care possible.

Local preschoolers and kindergartners have been invited to the MGH on

Jenkins, Susan Jones, Gwynn Kingsberry, Amy Kovar, Kelly Kramer, Elizabeth Lacour, Susan Laramie, Diana Laughlin, Alreda Ledbetter, Ellen Linton, Martha Lynch, Kathleen Malsch, Judith Manola, Theresa Mengert, Laura Moebus, Mary Mutschler, Deborah Newcomb, Laurel Olson, Sabrina Osborne, Shiromi Padmanathan, Rose Marie Peterson, Celeste Polcari, Kenneth Raney, Susan Resler, Marguerite Santos, Lillian Sonnenberg, Karen Trigilio, Cynthia Valdez, Elizabeth Wall,

Sarah Willoughby, Geraldine Wright, Merry Yamartino, Sophie Zaitz, and Gail Zyla.

Introduction to Anatomy and Physiology will begin on Monday, March 16, from 5:30-8:00 p.m. This 13-week introductory course carries three credits from Bunker Hill Community College. Tuition is \$130 and is reimbursable for eligible MGH employees. For more information, please call Training and Development at Ext. 2230.



Members of the Department of Dietetics are the latest group of employees to have completed the supervisory program offered by Training and Development.



Durrie Golding (left) and Krista Scoville prepare to strut their stuff for the benefit of the MGH's Vincent Memorial Hospital.

Vincent Club hopes "8" is enough for success

Although it's "*Tonight at 8*," you'll have to wait until the evenings of April 2, 3, and 4 to see the 95th Vincent Show.

A rousing "fun-raiser," this year's show will be held at the New England Life Hall. Not surprisingly, show time is 8 p.m., with a matinee at 2 p.m. on April 4.

An original musical, "*Tonight at 8*" traces the history of theatre production through the ages. More than 800 Vincent Club members participate in a variety of ways from singing songs to constructing scenery.

Proceeds from ticket sales and adver-

tising in the program are donated to the MGH's gynecological service, Vincent Memorial Hospital. Last year, \$81,000 was raised.

Founded in 1892, just two years after the Vincent Memorial Hospital, the club's 1,400 members have contributed more than \$3 million to research at the Vincent Memorial Hospital. In addition, the club sponsors an annual medical symposium highlighting advances in research and patient care.

The box office opens on March 16. You may also order tickets by phone by calling 536-9606.

FoxHill

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"The health care is a very important part of the community," explained Vincent Cucchiara, Vice President for Program Facilities and Development at the MGH. "A wellness program will be in the complex staffed by MGH caretakers. In addition, a 24-hour-a-day Emergency Call System will be in operation."

Mr. Cucchiara added that a 70-bed restorative care facility will be included, as well.

"The support from the town has been tremendous," stated Mr. Cucchiara, who along with Nat Butler of Social Service, has been involved in planning the project. "The residents are really excited about it, and frankly, so are we."

Thus far, the names of more than 500 people have been placed on the so-called "interested persons" list, and a sales office is about to open for those interested in buying a unit, ranging in size from about 700 square feet to

1,200 square feet.

The monthly maintenance fee will include health services and nursing home insurance, as well as at least one meal a day. In addition, the entrance fee into the community will include the long-term health policy coverage.

Those living at FoxHill can choose "Independent Living" or "Assisted Living," depending on their needs and capabilities.

Health services will be very comprehensive in both categories," Mr. Cucchiara remarked. "It will consist of Social Services, health care, homemaker, and other services as needed."

Ground is scheduled to be broken as soon as half the units are sold, probably this fall. Construction will take between 18 and 24 months.

The MGH Vice President explained that the decision was made to offer these units for purchase as memberships in a cooperative rather than as condominiums because of the many tax ad-



Architect's sketch of entry court for FoxHill Village in Westwood

vantages to ownership.

Cabot, Cabot and Forbes is the project's developer. The complex will be operated by National Medical Enterprises, with the MGH overseeing the quality of the health care. All MGH profits derived from the project will be returned to the hospital and used for patient care and research.

"This hospital is committed to providing the best health care possible whether it be in Boston, our health centers, or in Westwood," Mr. Cucchiara asserted. "Now we will be able to do so while giving people a strong sense of independence and freeing them from the uncertainties of growing older alone and unsupported. It's exactly what Eleanor Clark envisioned."

Should you desire more information about living in FoxHill Village, please call Nat Butler, in Social Service, at Ext. 2605.

In General

David Jensen has been named Director of Computer Services. Mr. Jensen comes to the MGH from New England Medical Center, where he was Director of Data Processing. During his five years at NEMC, he oversaw a major expansion into hospital-wide communication systems, the development of a large terminal network, and a move of the data center. In addition, he has managed systems organizations in the manufacturing and utility industries dealing with a variety of issues from office automation and corporate message switching to graphic arts and publishing.

Dr. Ted Wendell Love, a resident in Internal Medicine, has been appointed to the Executive Committee of the Alumni Association of Haverford College in Haverford, Pennsylvania. A member of the American Medical Association and the Massachusetts Medical Society, Dr. Love has published several scientific papers on enzyme use in cancer chemotherapy.

Eleanor Clark's strong influence in the field of social work now can be felt clear across the country. A memorial fund has just been established for the late MGH Associate General Director and Director of Social Service at the Marianwood Extended Healthcare Services in Issaquah, Washington, near Seattle. This fund was created in Miss Clark's name

because Marianwood, in the words of one of its organizers, "is precisely the type of facility both physically and philosophically that Eleanor believed in and supported in all of her professional work." Marianwood emphasizes maximizing independent functioning for the elderly. Most of the people who stay there eventually return home.



Spaulding Rehabilitation Hospital became the setting on February 21 for scenes from the ABC-TV program "Spenser for Hire." Here the show's star Robert Urich rehearses with his real-life wife, actress Heather Menzies, who played the part of a physical therapist. The show is scheduled to air on March 21, at 10 p.m., on channel 5.

We're waiting to serve you

Starting this week, there are lots of new answers to the famous question, "What should I have for lunch today?" We invite you to sample the offerings at the MGH Deli Bar, open Monday through Friday, 11:30 to 2:00, at East Cafeteria

Luscious, made-to-order Sandwiches

featuring roast beef, smoked ham, turkey, corned beef, genoa salami, liverwurst, chopped chicken livers, lox, cream cheese, tuna, chicken or seafood salad. Pile on some Swiss, American, or provolone cheese, bacon, pickles, lettuce, tomatoes, or onions. Add some butter, mayonnaise, or dijon mustard. Wrap some light, dark, or marble rye bread around it, or try a bulkie, onion, or egg roll

Tasty, homemade salads

including American Potato Salad, French Potato Salad, Continental Pasta Salad, and Good Old Coleslaw

Your favorite gourmet potato chips

The famous Cape Cod® Potato Chip, either salted or salt free

Refreshing new beverages

Try some Winter Hill® Natural Fruit Juices or SoHo® Natural Sodas

Fabulous final touches

Thick, luscious brownies, chocolate chip or chunky peanut butter cookies, or juicy fresh fruit



Changes

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to devote more of our time to addressing the needs of our employees," explained Mr. Rothwell. "It also gives some very capable people the opportunity for more responsibility and growth potential. A good example is Kathy Rice, who began here several years ago as a Dietary Aide and has worked in Employment, Wage & Salary, and Employee Relations before going to Spaulding and now returning here."

The changes on Bulfinch 2, however, may not be limited merely to new faces

in new positions.

"All indications are that fewer people will be entering the job market in years to come," said Mr. Rothwell. "Therefore, fewer people will be looking at the field of health care as a career opportunity. This means that we have to do a better job of portraying health care's positive image not only to attract new employees but to keep our valuable employees."

The Human Resources Vice President acknowledged that it is often difficult for



Beverly Lasovick (left), Kevin Harrington, and Cheryl Doughty stand ready to meet new challenges as Human Resources managers.

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hospitals to compete for well-qualified employees. But he thinks the MGH has at least one clear advantage.

"There's no question in my mind that Mass. General Hospital is the premier medical institution in the country," he said. "And I would hope that we can do things to make it the premier institution for people to work at and be a part of."



Vin Cucchiara points out the MGH's plans for the former Charlestown Navy Yard to members of the Bunker Hill Health Center.

Navy Yard

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research site: space constraints on the main campus, opposition from abutters, and the growth in research.

"The key question we faced was could our physical plant expand anymore?" said Mr. Cucchiara. "Our conclusion was that we had reached our

limits on the main campus. From a practical point of view, it just made sense to look off campus to a location near the MGH that would give us the space we needed now and for many years to come."

In addition to research, Building 149 in the former Navy Yard will house the hospital's computer operations and all billing services now housed on Staniford Street.

"But Charlestown will clearly have a biomedical research focus," added the MGH Vice President. "It will give researchers the space necessary to carry out their important work."

Mr. Cucchiara emphasized that the Navy Yard project should not have any effect on activities at the Bunker Hill Health Center, a few blocks away. "The MGH is committed to the health center and to providing health services to the Charlestown community," he stressed. "And the best evidence of this is the renovation work now under way at Bunker Hill."

Design plans are still being drawn up for the MGH move to the Navy Yard, this as work continues on Building 149. A target date of November has been tentatively set for occupancy. "But we're not holding firm to that," added Mr. Cucchiara. "For now, the hospital is taking things just one step at a time."

Series on nursing shortage

The MGH and the Institute of Health Professions Collaborative Committee is sponsoring a series of seminars on the issue of the nursing shortage.

Yvonne Munn, Associate General Director and Director of Nursing, and Elizabeth Grady, Director of the Institute's Graduate Program in Nursing, will be speaking on "Perspectives of Nursing Service and Education" on Thursday, March 26, 2:30-3:30, in the Walcott Room.

Seminars will also be held on "Recruitment and Retention of Professional Nurses," on Thursday, April 30, 2:30-3:30, and "How Staff Nurses Cope," on Thursday, May 28, 2:30-3:30. Both will be held in the Walcott Room.

Contact hours (4.2) will be awarded for attendance at all three sessions.



Building 149 ... expected to be a major focus of MGH research for years to come.

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Some MGH employees appear ready in case the demolition crew needs help to take down the Emergency Ward Annex. (Left to right) Dr. Brian Shaffer, Carol Labadini, Richard Petrillo, and Ellen Greenblatt, all of the E.W., and David Hanitchak of the Planning Office.

Arthur Wellman: He left his mark on MGH research

"If more hospitals had friends like Arthur and Gullan Wellman," wrote the *Boston Globe* in a 1981 editorial, "there might be more hospitals like the MGH."

The MGH indeed lost a good friend last month when Arthur O. Wellman died at his Palm Beach, Florida home at the age of 92.

Six years ago Mr. Wellman pledged to the MGH \$15 million, believed to be the largest single gift ever made to an American teaching hospital at that time, to build the Arthur O. and Gullan M. Wellman Research Building.

When a reporter asked him to explain his generosity, Mr. Wellman said simply, "The MGH is the best hospital in the world. It needed the money, and I had it."

But the industrialist in the wool textile industry didn't stop there. To celebrate his 88th birthday in 1982, Mr. Wellman contributed an additional \$1.7 million to establish the Wellman Research Laboratories of Photomedicine as part of the hospital's Department of Dermatology.

"Arthur O. Wellman carefully identified a way in which he could make a difference," said Dr. John A. Parrish, Director of the Wellman Laboratories of Photomedicine. "He put not only his own financial resources but also all of his energy into supporting a concentrated research effort in photomedicine and laser medicine at the MGH. His investments should lead to great improvements in medical and surgical care as a result of present research. His extreme generosity and forceful, personal commitment cause us to celebrate his life and work with great enthusiasm. We will also miss him very much."

A self-made millionaire and a longtime resident of Brookline, Mr. Wellman was a strong advocate for research and the MGH.

"I believe in research," he once said. "And I believe that medical research has to be supported. Research is how you find new ways of doing things,"

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Talk of building plans highlight Town Meeting

Future construction at the MGH was a major topic at the March 5 Town Meeting, held in the Wang ACC Cafeteria.

In his remarks, Dr. J. Robert Buchanan, General Director, noted that as construction begins for the new inpatient tower, inconveniences for both employees and patients will likely occur. He added, however, that everything possible will be done to keep such inconveniences, including the level of noise, to a minimum, and that everyone should try to "bear with us" during the construction.

On the matter of the Charlestown Navy Yard, Dr. Buchanan noted that 175,000 square feet of space will be used by the MGH at first and that the hospital has the option to increase that amount to 300,000 square feet by April 1988. He said the move to Charlestown was necessary because there is no more room to expand. "After the towers are completed," he said, "we will have reached our maximum density on the main campus for all time."

The General Director added that he hopes employees will be pleased with the Charlestown Navy Yard facility. He said the hospital has been studying the issue

of transportation. "We hope the city will be able to provide for our transportation needs," he added. "If this can't be worked out, we are exploring the possibility of a water taxi that would go from the Navy Yard to the North Station area."

On the issue of the Nashua Street property, Dr. Buchanan acknowledged that developers are very interested in the MGH area near the Boston Garden. The hospital has been listening to proposals as a way of preserving parking and increasing revenues, but no decisions have been made.

Among other topics discussed, Dr. Buchanan reported that there has been an increase in the number of admissions and that the average length of stay is down significantly. He said there is the potential for a six million dollar cut in graduate medical education. And he noted that there has been great interest expressed by employees for direct deposit. He said a decision on this will probably be made within the next six months.

Dr. Buchanan also stated that the hospital is taking a very close look at employee salaries in order to keep

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A large crowd listening to comments made at the Town Meeting

Admitting patients no easy task

Placed in the middle of Martha Byington's desk is a coffee mug which reads, "Keep Smiling."

On most days for Ms. Byington, that's not too hard to do...in fact, smiling is something that seems to come pretty naturally to her.

But today is Thursday. And the Director of Admitting is not very happy. And it's all because of "the numbers."

"Thursday is our busiest day because Friday is such a big surgery day," she begins to explain, "and right now we have about 16 more patients than we have beds. But that should change soon."

Somehow, it always does, whether it's

National Hospital Admitting Week (April 5-11) or not.

"There are always a few tense moments, especially in the morning," continued Ms. Byington, who has been Director of Admitting since September after being Assistant to General Director Dr. J. Robert Buchanan for four years. "It's often difficult to predict how many beds will be available each day because nearly half our patients are admitted through the Emergency Ward. Unfortunately, there are times that patients have to wait in the E.W. until we can place them."

Helping to bridge this gap between the number of admissions and the number of available beds is the elimina-

tion of "preop" days for some patients.

"In the past," explained Ms. Byington, "patients would be admitted the day before their surgery in order to have preliminary tests done. Now this testing is performed for some on an out-

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Arthur Wellman will long be remembered for his contribution to MGH research.

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Treating employees well

"Preventive Medicine."

In the 1980s, as major changes continue to rapidly occur in the health care field, this term has taken on more and more prevalence and importance. Preventing illness before it strikes clearly can save lives. But it can save dollars, as well. As the author Henry Sigerist once wrote nearly 50 years ago, "Every child knows that prevention is not only better than cure, but also cheaper."

In a way, this is the credo of the MGH Employee Health Service. Founded as the Staff Clinic 50 years ago by Dr. Robert S. Palmer, the clinic was one of the first of its kind in the country. But in December of 1985, it was given a new name, as well as a new purpose.

"The philosophy is definitely prevention," stated Dr. Perry J. Culver, an MGH internist who has overseen the hospital's employee clinic for the past 40 years. "Years ago, our job was to give employees readily accessible health care and to treat acute episodes while the workers were on the job. But with more and more emphasis today on preventing illness, the focus of the Staff Clinic has changed."

The major change which took effect in 1985 was that the clinic no longer provided routine health care services for employees. "Many of us believe that care is best organized when people select one doctor to coordinate their total health care needs," said Dr. Culver. "This means that employees should utilize physicians elsewhere at the MGH or outside the hospital."

In an emergency situation, employees can be treated in the Emergency Ward/Trauma Center. However, in the case of what might be considered a minor illness, such as a cold, the employee must decide whether it is serious enough to leave work and seek treatment from his or her own physician.

Some illnesses, though, do not fit in either category. Thus, employees have occasionally sought assistance at the Walk-In Clinic on Wang ACC 1.

"We're really a backup," explained Clinical Director Dr. Richard Pingree. "We are here if an employee is ill and does not have a private physician, but we do not provide primary care on any ongoing basis. In fact, we do all we can to help employees find their own doctors and to get into the MGH system if they choose to."

Employees may wish to seek care from a physician in the hospital's Ambulatory Care Division, which consists of 70 group practices and clinics in the Wang Ambulatory Care Center, the Cox Building, and at the neighborhood health centers. Care in these practices remains free to employees, except for psychiatric services.

The Employee Health Service also serves as a referral center for employees seeking medical help. "We can recommend physicians to employees whose problems have affected their work," noted Paul Greenwood of the Employee Health Service. "It's all strictly confidential."

Situated on Bulfinch 1, Employee Health Service is involved in many areas. Among these are preemployment health screenings for all new employees, screening tests for TB, Rubella, and Hepatitis B, with vaccines given for Rubella and Hepatitis B, follow-up care for employees who have been exposed to infectious diseases, clearance for employees to return to work if they have been out sick for five or more days, and consultation and advice when employees have a physical problem that may interfere with their ability to work.

"With our new computer, we can readily identify target groups for such things as immunization and teaching," explained Mr. Greenwood, who is Executive Officer of the Association of Greater Boston Hospital Employee Health Administrators and a member of the Occupational Health Nurses' Association. "We especially urge all employees who have patient contact and who have not been tested for TB in the past year to come down and be tested."

Employee Health Service is staffed by two nurse practitioners, one registered nurse, and one secretary and is now



Claire Byrnes (left) and Alice Armstrong are two members of the Employee Health Service working to keep you well.

under the MGH Department of Human Resources.

Health Service is also involved in teaching programs under the direction of Health Education Specialist Linda Lass-Schuhmacher. One such program to be offered soon will deal with ways of preventing back injuries.

"The old Staff Clinic was very good for what it accomplished," asserted Mr. Greenwood. "But I think employees more and more are seeing the value of finding their own primary care physician and of learning ways of preventing illness before it strikes. That's where we can help."

Striving to make their primary nursing program of primary importance

For the past five months, White 8 has been putting the theory of primary nursing into practice.

Patients coming to the floor are not just assigned a room but now a particular nurse whose responsibility it is to coordinate that patient's entire nursing care.

"What this really means is that the primary nurse assesses the physical and emotional needs of the patient in order to develop an individualized plan of care," explained Cathy Franklin, White 8 head nurse. "That individualized program remains in effect from the time of admission to the time of discharge."

Among the responsibilities of the primary nurse are preparing the patient for diagnostic tests, coordinating a medication program, and being available to answer questions from family members.

"The goal of this system is not only to provide quality nursing care but also to insure a continuity of care," remarked Ms. Franklin.

Since he or she cannot be on duty at all times, the primary nurse communicates the plan of care to "associate nurses" during other shifts. The primary nurse also works closely with the doctors, social workers, dietitians,



White 8 patient Bernard McDonough receives special attention from his primary care nurse Monica Donelan.

physical therapists, respiratory therapists, and other health professionals.

When it comes time for discharge, the primary nurse teaches his or her patients about medication and any prescribed treatment.

"Primary nursing is not a new concept, but the implementation of it is new to our floor," said Ms. Franklin. "We are very pleased with how the system has worked so far. We've received many favorable comments from both patients and families."



The Primary Nursing Unit Planning Committee on White 8 sponsored an open house last month. (Left to right) Cathy Poillon, Kathy Kaloyanides, Kim Smith, Tina Crowley, Karen Roy, Tassie Phillips, and head nurse Cathy Franklin. Absent from photo are Planning Committee members Patty McNamara and Maryanne Brown.



Steve Nelson of the New England Patriots is used to having his arms around ball carriers. But on a visit last week to Burnham 4, the linebacker engaged in more pleasurable pursuits for the camera. Also visiting patients of the Children's Service were offensive lineman Ron Wooten and receiver Cedric Jones.

Wellman

from page 1

whether it's the wool business or medicine.... You know, people come to the Mass. General from all over the world.... And the Mass. General fixes 'em up. It's a remarkable place. I've always thought that. I've always had an office in Boston, so I know what they can do."

Arthur O. Wellman was born October 31, 1894 in Brookline. He was educated in Newton and was awarded a degree of Doctor of Textiles by Clemson College.

During his career in the textile industry, Mr. Wellman acquired numerous oil and gas interests. He also served as director of many businesses,

including Fanny Farmer Candy Shops, Inc.; Fieldcrest Mills, Inc.; Acuity Systems, Inc.; American Woollen Company; American Zinc Company; Fireman's Fund American Insurance Company; National Shawmut Bank of Boston; and U.S. Testing Company.

Although Mr. Wellman made his reputation in industry, he has now left his mark in medicine, as well.

"Mr. Wellman's spirit and his affection toward Massachusetts General Hospital will always be remembered," said Dr. J. Robert Buchanan, MGH General Director. "His contributions to research will be his legacy."

In General

John Maciaszczyk and Win Riley, members of MGH Police, represented the hospital in this year's St. Patrick's Day/Evacuation Day Parade in South Boston. The police officers joined Suffolk County Sheriff Robert Rufo along with other deputy sheriffs of Suffolk County at the March 15 event.



John Maciaszczyk (left) and Win Riley of the MGH Police representing the hospital at the St. Patrick's Day Parade. (Photo by Michael Casamassima)



You don't have to be a Jack Nicklaus or a Nancy Lopez to join the MGH Twilight Golf League. The new season is getting under way for all duffers interested in hitting the links. An informational meeting for new and returning members will be held on Monday, April 13, at noon, in the Clinical Administration Conference Room on Gray 1. Players compete on a handicap basis so that everyone has a chance to win. It's a great way to have fun and meet other golfers. If you are interested in joining the league but are unable to come to the meeting, please contact either Dick Smith at Ext. 2175, or Bill Shea at Ext. 8427.

If sailing is more to your taste, Community Boating's annual opening weekend will be held this weekend, April 4 and 5, at the boathouse along the Esplanade between the Hatch Shell and the Longfellow Bridge. Activities begin at 9 a.m. and end at sunset. All employees are invited to go for a free sail and attend classes and films.

Just a reminder that "Tonight at 8" begins tonight at 8, at New England Life Hall. It's the 95th Vincent Show to benefit the MGH's Vincent Memorial Hospital. The show runs through April 4.



You may never have to go outside the hospital for pizza again. Beginning later this month, the Wang ACC Cafeteria will be featuring a made-to-order freshly baked pizza. You can create a pizza from one or all of the following toppings: onions and peppers, pepperoni, Italian sweet sausage, and sliced mushrooms. These can be piled high on a six-inch boboli pizza crust with our own homemade chunky tomato sauce and grated mozzarella cheese. What is a boboli crust? It's made with flour, olive oil, garlic, and Parmesan cheese. When baked, it puffs up and is crisp on the outside and light and airy inside. A take-out service will also be available. The Pizza Bar, situated at the former sandwich station, will be open Monday through Friday from 11 a.m. to 5 p.m. Watch for our opening in April!

Taking Charge, What You Should Know About Women's Health Care will be presented on Saturday, April 11, in the Wang ACC Building. Lectures on a variety of subjects will be held, and exhibits will be displayed on nutrition, cancer concerns, osteoporosis, and other issues relating to women's health. A registration fee of \$25 includes two presentations, all of the exhibits, and a buffet luncheon. For more information, call Ext. 2200.

The MGH Institute of Health Professions is offering several graduate courses open to special students. Evening and late afternoon courses include:

- Cardiopulmonary Anatomy, Physiology, and Pathophysiology
- Epidemiological Approaches in Professional Health Care Practice
- Ethical Issues in Health Care
- Critical and Creative Thinking in Biology and the Health Professions
- Issues in Ambulatory Care Nutrition
- Manual Therapy—Spine
- Ethnicity and Health Care
- Basic Radiologic Assessment

For more information on these and other courses, contact Deneya Jackson, Special Student Admission Office, at Ext. 3140.

Four members of the MGH were among those recognized as Por Cristo volunteers during that organization's eighth annual dinner, held recently at the Park Plaza Hotel. The MGH volunteers included Anne Armstrong, Charge Nurse in the Neonatal Intensive Care Unit; Dr. Brahm Goldstein of the Neonatal and Pediatric Intensive Care Units; Diane Plante, Director of the Physical Therapy Outpatient Department; and Bernadette Reilly-Smorawski, Senior Nurse in the Neonatal Intensive Care Unit. Founded in 1979, Por Cristo has treated more than 30,000 patients in South America. Medical teams are made up of volunteers who use their vacation time to travel to such countries as Ecuador, Bolivia, and Peru to help provide medical care.

"Healthy Living: Everyone A Winner" is the theme of this year's World Health Day, being observed on April 7. The focus in 1987 is on immunization problems facing millions throughout the world. World Health Day is observed in the U.S. and 166 other countries.

The Department of Biomedical Engineering, MGH and Harvard-MIT Division of Health Services and Technology are offering a Seminar Series entitled, "Creation and Transfer of Biomedical Technology." The series will be held from 4:00-6:00 p.m. on the following dates and locations:

Thursday, April 2	Walcott Room 3
Monday, April 6	Walcott Room 2
Friday, April 10	Walcott Room 3
Tuesday, April 14	Patio Room
Thursday, April 16	Anes. Conf. Room, Gray 3A
Monday, April 27	Sweet Room, Gray 3A
Friday, May 1	Walcott Room 3
Tuesday, May 5	Patio Room
Friday, May 8	Anes. Conf. Room, Gray 3A



Laurel Tenney receiving the keys to her new Pathfinder from auto dealer Tom O'Brien at the State House

Easy go, easy come

Laurel Tenney's luck has been as changeable as the weather this past winter.

It was during a bad coastal storm in January that the Bigelow 9 nurse lost her car, a victim of high winds and a high tide.

But the tide definitely turned in Ms. Tenney's favor in late February when the Marblehead resident was named the grand prize winner of the Massachusetts "Ski Easy" contest.

How lucky was Ms. Tenney?

"I won, and I don't even ski yet," she exclaimed. "I was just buying some equipment one day and happened to fill out a contest entry form. The next thing I knew, I won."

Incidentally, the grand prize just happened to be a one-year lease on a 1987 Nissan Pathfinder.

Now, the nurse will be able to go downhill or cross-country even without snow. She just has to remember to avoid the sea and surf.

Admitting

from page 1

patient basis a few days before their procedure. So they are actually admitted to the hospital the day of their scheduled surgery."

About seven patients a day are admitted this way. And according to Admissions Officer Joyce Dowd, many people seem to like the arrangement.

"It gives them less time to think about their surgery," she said. "And for those with busy schedules, one less day as an inpatient in the hospital means more time they can spend at work or with their families."

The Admissions Department is also working hard to reduce the amount of time taken for patients to go through the admissions process.

"We average between two and three hours," reported Ms. Byington. "This includes the interview, testing, taking a

waiting for a bed," she admitted.

Most patients, too, have at least a few anxious moments when they walk into the Admissions office just before going to their room.

"We are very cognizant of the fact that we are the first people they see when they come into the hospital," remarked Ms. Dowd, who interviews about 20 patients a day. "Although we represent the MGH, we'd also like to think that we are their advocate."

The Admissions Officer explained that some patients are very nervous about their hospital stay and often need someone to reassure them. Others, however, seem to be more concerned about their accommodations than their medical treatment.

"The hardest sell is the four-bed unit," said Ms. Dowd. "If they are assigned to that type of room, we make sure to tell them before they hit the floor...so they won't hit the ceiling afterward."



Martha Byington (far left) with members of her staff (left to right) Joyce Dowd, Ursula Flannelly, Lynnette Martin, Maura Vajda, Tom Hackman, and Jennie Kaizzi

patient's history, a physical by a house officer, and meeting with a member of Anesthesia for preop patients. It is still too long, but it is faster than it's been in the past."

She explains that part of the reason for the admissions process to move slowly is that many patients now need prior approval from their insurance companies before being admitted. Thus, more phone calls to third party payers and more paperwork.

There are 65 employees who work in Gray and Phillips House Admitting. The staff is made up of Admission Assistants, or the clerical support personnel; the Preadmits, who staff the booking desk, do all the preadmission workups, and interview patients; the Admitting Officers, who also interview patients but are primarily responsible for bed management; and employees, who work in the preadmission test area.

"With our census continuing to be in the low 90s during much of the week and in the mid 80s on weekends, bed management has been more and more of a challenge," added the Admissions Director. "In fact, I hope soon to have just one group of admitting officers doing nothing but bed management and another doing just patient interviews."

Ms. Byington was quick to point out, however, that even during those times when there are more patients than beds, every effort is made to avoid the postponement of scheduled surgery because a bed isn't available. "But we have gone through some anxious times

But she added that many times those patients who initially are the most unhappy about being in a four-bed room are the ones who are the most reluctant to leave when there is a private or semi-private room available after they are admitted. "Many patients find that they like the company. It makes the time go faster, and it can often help to have other people to talk to."

For Ms. Byington, directing the Admitting Department is a new and challenging opportunity, but one that she approached with more than a little reluctance.

"No, I was not anxious to take the job when I was first asked about it," she admitted. "I was very happy being the Assistant to the General Director. But after a lot of thinking and talking to other people, I accepted. Then, I actually backed out. But mentally, I was already committed to it. I found myself spending more time thinking about what was happening on Gray 1 than on White 1. That's when I knew I had made the right decision to accept the Admitting position."

And Martha Byington says she's had no regrets since. "This job is right in the trenches. It involves issues that have to be dealt with immediately. When I was over in the General Director's Office, I really thought that being Director of Admitting was the worst job in the hospital. But now I think it's one of the best," she said with a smile looking at her coffee mug.

Town Meeting

from page 1



Dr. Buchanan meeting with employees last month

valuable members of the hospital and to keep the hospital competitive in the job market.

The General Director commented on the MGH as a family, saying that although the hospital is facing a new environment, it's possible to maintain spiritual bonds. "The MGH is not an ordinary institution," he said, "it's really a national treasure."

Dr. Buchanan and Richard Crater, Director of Fiscal Affairs, spoke about the hospital's policy of free care and abatement for patients.

Thomas Rothwell, Director of Human Resources, clarified the hospital's policy with respect to tuition reimbursement, saying that the program is aimed at those employees seeking a high school diploma or a college degree but not for those wanting to earn a second degree.

Finally, an employee on Burnham 5 shared a story of her financial problems. She was referred to Human Resources and Social Service for assistance.

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What's one quick way of moving small equipment from one end of the hospital to another during construction of the inpatient tower? Drive it along the corridor of the Vincent-Burnham basement.

Dr. Richard Smith, a pioneer in hand surgery

Funeral Services were held earlier this month for Dr. Richard J. Smith, Chief of the MGH Hand Surgical Unit, who died on March 30 following a long illness. He was 56.

One of the world's outstanding hand surgeons and a brilliant scholar of the

competent educator catapulted him to preeminence in his specialty.

He was a member of the Board of Governors of the American College of Surgeons and of the Board of Directors of Brown University Medical Association. He served as President of the American Society for Surgery of the Hand in 1982-83.

Dr. Smith made more than 100 original contributions to the orthopedic and hand surgical literature and was the author or coauthor of a number of chapters and books.

He was also widely sought as a guest lecturer and panelist on numerous committees of the various national and international scientific groups in his specialty.

A native of New York, Dr. Smith was a graduate of Brown University and received a doctorate in medicine from New York Medical College.



A memorial service for Dr. Richard Smith will be held on Wednesday, May 27, at noon, Memorial Church in Harvard Yard.

anatomy and pathophysiology of disorders of the hand, Dr. Smith came to the MGH in 1972 from the Hospital for Joint Diseases in East Harlem, New York. There, he originally served as a resident in orthopedic surgery. After two years with the Public Health Service and a year of fellowship, he returned to that hospital as Chief of the Hand Service.

Dr. Smith's ability as a skillful surgeon and as an articulate and highly

There are some things they just don't teach doctors in medical school!

A few years ago, an intern was summoned at 3 a.m. to a floor in the Phillips House. He was told there was a "problem" with a patient.

The problem was that the patient, who had advanced dementia, was running in and out of patients' rooms and frightening them.

Nurses recognize all employees as partners in caring

"Spend a Day with a Nurse" is among the programs highlighting Nurse Recognition '87, a month-long celebration at the MGH in the month of May.

Planned jointly by the MGH Department of Nursing and the MGH Institute of Health Professions Graduate Program in Nursing, the activities coincide with National Nurses Day on May 6.

This year's theme is "MGH Nurses: Partners in Caring," capturing the idea

that nurses are partners with patients, health care team members, students, and all hospital employees in providing excellence in care.

"Spend a Day with a Nurse," a new venture to take place May 4-8, offers nonnursing employees the opportunity to spend time with a nurse during his or her nursing shift. The purpose of the program is to increase mutual understanding, collaboration, and respect between nurses and other employees at
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Silhouette designed by Marcia Lambert

HOTLINE wins first prize in New England competition

It's not just the HOTLINE anymore. Now it can be referred to as the award winning HOTLINE.

The MGH HOTLINE, edited by Scott Davis, has just won a first prize in the 1987 Lamplighter Awards competition, sponsored by the New England Hospital Public Relations Association (NEHPRA). The HOTLINE was judged first in the category of Internal Periodical Publications.

The Lamplighter competition was developed to recognize and encourage superior accomplishments of health public relations professionals throughout the six New England states, to promote professionalism within the field of health care public relations, and to acknowledge individual member achievements.

This marks the seventh award that News and Public Affairs has won for its publications. The MGH NEWS has won two national and one NEHPRA award, and the annual report has won one national and two NEHPRA awards. The News and Public Affairs office also won a national award for a public relations project.

Doctor finds life as MGH intern something to write "Dome" about

At first, the doctor suggested that the woman be given a sleeping pill, only to find out that she was allergic to virtually every medication known to medicine.

Frustrated, the intern went into the patient's room to see what, if anything, he could do. As he walked in, the woman suddenly reached for her coat. One of the nurses asked her where she

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Inside

Volunteers honored
page 2

Winning by losing
page 3

A champ is crowned
page 4

Volunteers honored for dedicated service

Four employees and eighteen volunteers were honored on April 1 at Volunteer Recognition Day ceremonies held in the Wang ACC Building.

Addressing the volunteers and guests was Dr. J. Robert Buchanan, General

has made the outpatients in the MGH Cancer Center her priority and has labored diligently not only as a volunteer but also as the Ladies' Visiting Committee liaison for this service. She continues to oversee the



Mr. Francis H. Burr, Chairman of the MGH Board of Trustees, presents the Trustees Award to Phillips House Admitting members (left to right) Terri McQuade, Gerri Holden, and Carolyn Thayer.

Director, Francis H. Burr, Chairman of the Board of Trustees, presented the awards.

Honored with the *Trustees Award* were Carolyn Thayer, Terri McQuade, and Gerri Holden, all members of the Phillips House Admitting Office.

This staff supported volunteers in many ways over the past 18 months and worked with the Volunteer Department in developing a placement for volunteers in the Phillips House lobby to greet and receive patients who were admitted to the Phillips House.

According to Patricia Rowell, Director of the Volunteer Department, the willingness of the Phillips House Admitting staff to invest time and patience has produced a group of volunteers who are "involved, rarely miss their assignments, and are eager to grow in their involvement with the department."

The *Jessie Harding Award* was presented to Jean Swaim and Elizabeth Henderson.

Mrs. Swaim has been a volunteer at the MGH since September of 1975, having contributed 3,000 hours of service. Her primary focus has been a commitment to the needlecraft service for MGH patients. In this capacity, she has helped to coordinate the ordering of craft supplies, along with visiting patients to offer craft projects and help them begin work with their hands. Ms. Swaim has also been instrumental in developing a pamphlet containing common hospital phrases in foreign languages and has collected much needed clothing items for Emergency Ward patients.

Mrs. Henderson has served as an MGH volunteer since 1974 and has contributed 2,500 hours of service. She



Volunteers Jean Swaim (third from left) and Elizabeth Henderson (fourth from left) share their joy over winning the Jessie Harding Award with Volunteer Department staff Honey Trigg, Cathy Woodman, and Director of Volunteers Patricia Rowell (far right).

ordering of the coffee and tea supplies for the service and encourages others to volunteer. She has also participated with hospital staff members in the design of a new hospitality center on Cox 1.

In addition to these awards, Picture Awards were presented to volunteers Elizabeth Scherr, Joan Litchfield, Sara Stinson, Elizabeth Honey, Dotty Campanella, Mary Hearne, Joan Behringer, Maurice Greenbaum, Mike Russell, Marie Harrigan, Penny Tszavares, Marlene Wise, Joy Kimball, Rosemary Kerry, and Barbara Wandyes.

Each year the Volunteer Department chooses a volunteer or an employee who has contributed unselfishly as an interpreter for many non-English speaking patients. This year the award went to Guido Andrade, a member of Radiology. Mr. Andrade was honored for his distinguished service to the welfare of our Spanish and Portuguese patients and their families.



Entering the Emergency Ward is now within everyone's reach with the installation of a new electronic door.

A program in problem solving

Frustrated, angry, unsupported, and defensive. These are some of the feelings you may experience when you find yourself in what appears to be an unresolvable patient situation.

You may feel dissatisfied with yourself and your job. The patient is demanding far too much, and, anyway, your supervisor should have intervened.

Sound familiar? Have you ever thought that you might deal more effectively with these difficult patient situations if you only knew what to do?

Handling Difficult Patient Situations, an interactive workshop offered by Training and Development, answers the question: What specific tools may be utilized in order to handle a difficult patient situation effectively.

This workshop will help you learn how to gain control of the situation to a successful conclusion so that you and the patient both feel satisfied.

The workshop will be offered twice in May: May 6, 1:00-4:30, for any employee who has contact with patients, and May 7, 1:00-4:30, tailored for supervisors who wish to help their staff to develop patient relations skills.

These workshops are free to MGH employees.

For more information or to register, please call Training and Development at Ext. 2230.

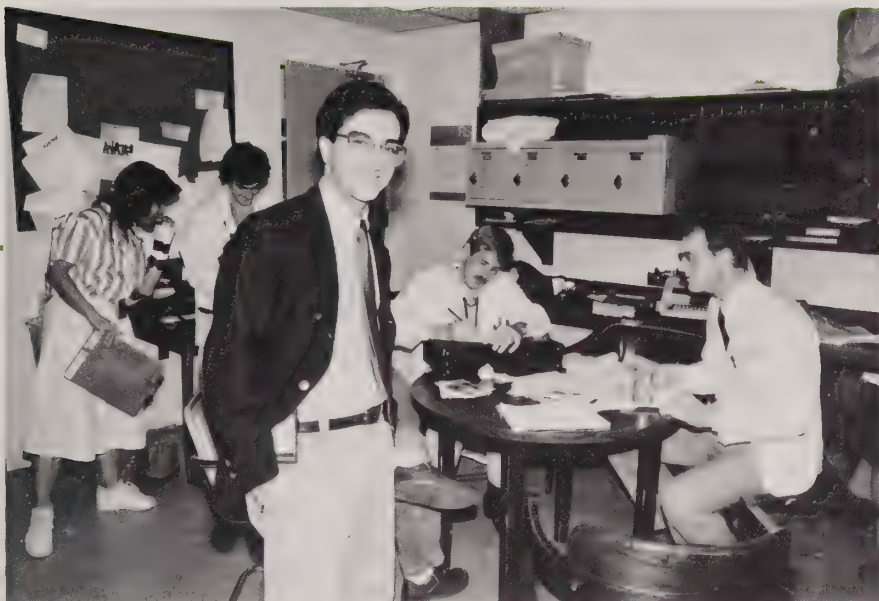
New look to Revere

The Pediatric Unit at the MGH-Revere Health Associates has a new look.

Renovations have just been completed in the unit, combining a suite of four offices and a separate waiting room for the children.

Among those on hand at an open house recently held in Revere were Dr. Donald Medearis, Jr., MGH Chief of Children's Service; Dr. James Perrin and Myle Holley, also from the MGH; and members of the Revere community.

Situated at 300 Broadway in downtown Revere across the street from City Hall, the health center is staffed by specialists not only in Pediatrics but also in Internal Medicine, Obstetrics and Gynecology, Podiatry, Nutrition, and Clinical Social Service. It is open Monday through Friday from 8:30 a.m. to 5:00 p.m.



Dr. Hoffmann in familiar surroundings...the MGH Emergency Ward

"Dome"

from page 1

was going. "Out dancing" was her reply.

"That was when I hit upon an idea," said the doctor. "I asked...if she would like a dancing partner. Before she could answer, I had whisked her into the hall, and we were dancing....At 3:30 in the morning an intern and a...patient were tripping the light fantastic in a deserted corridor of Massachusetts General Hospital."

The dancing eventually made the patient tired enough to go to sleep. And as for the intern, he learned a valuable lesson that night on the makeshift dance floor in the Phillips House—that he must be willing to shed any preconceived notions about himself or his job.

Today, Dr. Stephen A. Hoffmann is a Fellow in Infectious Disease at New

England Deaconess Hospital. But his experiences as an intern at the MGH are recounted in a new book he's written, fittingly entitled, *Under The Ether Dome*.

"I wanted to be upbeat about the time I spent here," explained Dr. Hoffmann, who trained at the MGH from 1981 to 1985. "I tried to concentrate on general issues relating to the care of patients, as well as my own feelings about what I was doing."

The idea for a book came early in Dr. Hoffmann's internship. "About a month after I began," explained the doctor, "it occurred to me that a movie camera should be following the interns around every day, that many of our experiences made for incredible theatre. I started to do some research to find out if anybody had written a book about his

or her internship. Some had written sensational fiction, but I was looking for a realistic account. I had written in college and medical school, so I thought I would give it a try."

As the intern was soon to discover, writing about being a doctor was no easier than training to be one. Indeed, for him it was a lot tougher.

"I can honestly say that writing the book was the hardest thing I've ever done," declared Dr. Hoffmann, who spent the last five years on the project. "I remember each night going home and writing down everything I could remember about that day. I wanted so badly to write a book. I really felt I had a story that would interest people."

For the physician, writing 300 pages was no labor of love...just hard labor. Drafts would be written and rewritten, often as many as 20 times. All this was being done in addition to working grueling shifts at the hospital.

When the book was finally completed, the time came to find someone to publish it. "I knew that part wouldn't be easy, either," admitted the former intern. "But I had a lot of confidence in what I had to say."

Through a friend, Dr. Hoffmann was introduced to a literary agent, who sought to find a publisher. After some rejections, Charles Scribner's Sons agreed to publish it.

"They were willing to take a chance," said the doctor. "They told me they felt it would sell."

And it has. On the market for about a month, *Under The Ether Dome* has

sold very well and has received very favorable comments from a variety of people, including Dr. Arnold S. Relman, Editor of the *New England Journal of Medicine*.

"I think the book actually appeals more to people outside the medical community than those in it," said Dr. Hoffmann. "Although most writers like to think they write for other people, however, they really do it for themselves, perhaps serving as a kind of catharsis for them. That was certainly true for me."

Among the many subjects covered in the book, which is on sale in the General Store among other places, are the Emergency Ward, the Intensive Care Unit, medical education, and some history about the book's setting.

"I think the fact that my experiences happened at the MGH was a very important element," Dr. Hoffmann asserted. "There's a real sense of privilege that follows you around here. There is a tremendous amount of pressure to maintain the highest of standards. It was out of this challenge that I really wanted to write the book."

Although he is now at the Deaconess, Stephen Hoffmann still has very strong ties to the MGH. In fact, his wife Isabel, whom he met at the MGH, is still a nurse here.

Describing his internship as "an apprenticeship in human nature," the physician hopes people reading the book, especially those not part of the medical community, will have a greater understanding of what it is like to be an intern.

"I want to leave people with the idea that it's a tremendous challenge to care for people," he said, "and also show how human doctors are."

As far as future books are concerned, Dr. Hoffman is definitely not ruling out the possibility.

"I have a couple of ideas," he said with a grin. "But this time, they'll probably be in the area of fiction."

In General

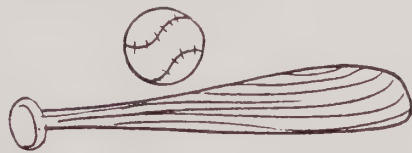
Dr. Bertram Zarins, MGH orthopedic surgeon and a specialist in sports medicine, will be the featured speaker at the 1987 *Josiah A. Spaulding Lecture* on Thursday, April 30, at 6:00 p.m., at the Spaulding Rehabilitation Hospital. Dr. Zarins' talk is entitled, "Athletic Injuries: A Medical Challenge."

The Camp Bunker Hill Advisory Board is sponsoring a dance on Friday, April 24, from 8 p.m. to midnight, at the Charlestown Knights of Columbus. The dance is to benefit the Bunker Hill Health Center's Camp Bunker Hill. For ticket information, please call Joanne Testa at 242-5760 or Karen Lind at 698-0936.

The next program of "Winning At The Losing Game" begins Monday, May 4, and "Eating For The Health Of It" starts on Thursday, May 14. Enrollment is limited, so call the Nutrition Service today at Ext. 2779 to reserve space. (Discounts are available for MGH employees.)

A reminder that all bicycles should now be parked in the bike lot on Parkman Street under the green awning. Bicycles are not permitted to be left in any other location around the hospital.

Organ and Tissue Donor Awareness Week is April 27-May 1. At the MGH, a table will be set up in the White Building lobby on April 28, from 11 a.m. to 2 p.m. Stop by to get more information on organ donations.



The MGH Women's Softball team is looking for new members for its upcoming season in the Boston Parks and Recreation Department's league. The season consists of 14 games played in Jamaica Plain beginning in early May. If you are interested in joining, please contact Nancy Schaeffer at Ext. 8556.

Get out your most comfortable shoes as the 18th annual *Walk for Hunger* takes place on Sunday, May 3. This year's goal is \$2 million with the money going to help fund 200 local soup kitchens, food pantries, shelter feeding programs, urban garden projects, and 10 international programs.



Beginning in late April, the Social Service Department is offering an eight-week support group for people who have lost a close family member. If you are interested in more information about this program, please call Elsa Ramin, LICSW, at Ext. 2623. Also late this month, the Social Service Department is organizing another eight-week support group for people who suffer from genital herpes. If you are interested in more information about this group, also call Elsa Ramin.



Diane C. Gilbert (left), Assistant to MGH Chief of Medical Services Dr. John Potts, joins members of the medical research community and Governor Michael Dukakis in honoring Daniel Hall (holding citation). Mr. Hall, a high school science scholar, recently represented the Commonwealth at a special National Institutes of Health program in Washington.



This group of local preschoolers left little doubt that the MGH was number one with them. They were among more than 70 children who participated in the MGH's Children and Hospitals' program held on March 26.



For some, the program gave a first-hand look at the health care profession...



While for others, visiting the MGH was a real eye-opening experience.

Ortho fractures competition to win championship

Make no bones about it, Ortho/E.W. is the best in the MGH Basketball League.

After a 10-year absence, Ortho/E.W. returned to the league this season and captured the 1987 championship, defeating defending champs the Wellman Generals, two games to one.

The turning point in the championship series may have come in game 2 when Ortho fell behind by 13 points in the first half but rallied to win.

During the regular season, the Generals finished in first place with a record of 9 and 1. That one loss, however, was to the Ortho team, which finished second in the regular season with a record of 8 and 2.

Ortho/E.W. made it to the finals by defeating the Warriors in the semifinals, while the Generals did the same to the

Materials Cardinals.

At the annual league banquet on March 27 in the Chalet, Ortho/E.W. coach Luis Santiago was honored as Coach of the Year; the MVP was Peter Waters, also of Ortho; Brian Newmark of Psychiatry was named Rookie of the Year; and André Bridges of the Cardinals was voted Most Improved.

Although the season is over for the MGH Basketball League teams, the games continue for the MGH All-Stars, who have advanced to the semifinals against the Human Resource Institute of Brookline. The MGH team, comprised of all-stars from the hospital's basketball league, defeated the Mass. Eye and Ear All-Stars in the quarterfinals.

It was also a good year for the MGH Women's Basketball team as it made the playoffs for the very first time. But the club went down to defeat in the first round. The MGH team made the playoffs the hard way, beating two of the first place teams during the final two weeks of the regular season. The MGHers finished with a record of four wins and three losses.



Nurses

from page 1

the MGH. It also provides a chance for all members of the hospital to see how vital each and every role is to the patient.

Employees who are interested in visiting units through the "Spend a Day" program are urged to contact their supervisor or department head. The MGH nurses are looking forward to a rewarding and positive experience.

Other activities during the month include a workshop on professional

nursing practice issues, the traditional breakfast and evening dinner, and Dr. Diann Ustul, a nationally known nurse ethicist, will be speaking on image-building, collegiality, and commitment.

The Treadwell Library staff also will be sponsoring a nursing data fair on May 8, and the nursing staff and students will be displaying exhibits on nursing's past, present, and future throughout the hospital on May 7 and 8.

The nurses hope all employees will join with them in being "Partners in Caring."



When Gregory Metallides of the General Construction Shop trades his shovel for a rake, you know that spring is here.

The MGH HOTLINE is published twice monthly by the MGH News Office.

William E. Walch, Vice President for Resource Development and Public Affairs

Martin S. Bander, Director of News and Public Affairs

Scott G. Davis, Editor

Doris G. Schreckengast, Copy Editor

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of Massachusetts General Hospital
Bulfinch 1, Extension 2206

Nashua Street construction causes cars to shift

Some employees who have regularly parked in the MGH's Nashua Street lot are moving their cars to new locations as construction begins in preparation for the new Suffolk County jail.

Letters were sent last month to those affected, employees who have received parking permits at Nashua Street since the middle of 1985.

They now have been reassigned to spaces in one of two lots—designated as the Red lot and the Brown lot. Both are situated adjacent to the helipad on the other side of Spaulding Rehabilitation Hospital. Some S-R-H employees will also be allowed to park in designated spaces in the Red lot.

"It is hard to manage all these parking changes in the midst of a major construction project such as this," remarked Jeff Davis, MGH Director of Special Services, "but we are making

said Mr. Davis. "And this will probably cause some delays in our shuttle service to and from those lots and the other one on Nashua Street."

For those who normally don't take the shuttle, however, the walk to the hospital from the new lots may be a bit shorter than from the North Station area.

Plans call for the Red lot to be open from 6 a.m. to 9 p.m., while the Brown lot will be open from 6 a.m. to 6 p.m.

Those employees who will now be parking in the new lots must bring their vehicle registration into the Parking Office in the Fruit Street Garage to be registered for either the Red or Brown parking areas. Coupon booklets may be renewed at either the Brown lot, the Nashua Street lot, or in the Parking Office, providing you pay by check.

Mr. Davis emphasized that every



Although the Charles Street Jail won't be moving to Nashua Street for a few years, some of those who use the MGH's Nashua Street parking lot are already moving up the street.

every effort to have it go as smoothly as possible for our employees."

Although ground will not be broken for the new jail until September, the state must redesign Nashua Street before construction can take place. The new alignment of the road required the state to take a section of the Nashua Street lot, resulting in the hospital losing more than 100 spaces. The state, however, has agreed to replace each space being lost.

The redesigning of Nashua Street will continue through the summer. Construction of the jail is expected to take between four and five years.

"Unfortunately, there will be a lot of disruption of traffic during this time,"

effort will be made to allow those employees now being moved to return to the Nashua Street lot as spaces become available. The Administration will also continue to try and find permanent solutions to the hospital's parking problems.

"We recognize that there will be some difficult times ahead for those who travel or park in the Nashua Street area," acknowledged Mr. Davis. "We really need the cooperation of everybody to make this situation a bit easier for all of us."

Timely honor for White 6 nurse

As MGH nurses celebrate *Nurse Recognition '87* throughout the month of May, one nurse has received statewide recognition.

Walter Moulaison, R.N., a Primary Nurse on White 6, has been honored with the Staff Nurse Award for Clinical Excellence by the Massachusetts Nurses Association (MNA).

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Fran Chappell of Environmental Services proves that it is possible for one person to clean the entire MGH with just a few swipes of the mop.

Running with a lot of heart

Seka and Mota are probably the names most people remember following this year's running of the Boston Marathon.

However, LeClair, Coppola, Theodore, Sheinfeld, and Scala may have accomplished an even bigger feat on Patriot's Day...just by being able to run the 26+ miles.

All five, ranging in age from 45 to 65, are patients in the MGH-Harvard Cardiovascular Health Center. Four had either once suffered a heart attack or cardiac arrest. The fifth was at risk for heart disease.

Despite the fact the group had physically suffered "heartache," they couldn't wait to join the more than 6,000 other runners who set out for "heartbreak" (hill) and beyond.

For Nelson LeClair, it was the second time he had participated in the race, having competed last year. (See May 22, 1986 *HOTLINE*.) For Tony Theodore, Chuck Coppola, Hyman Sheinfeld, and Frank Scala, it was a first-time experience, one they won't soon forget.

"At the start of the race, they were understandably very excited but also very determined, which had me a little

concerned," remarked Kris Nelson, a nurse in the Cardiovascular Health Center, who along with colleague Christie Kuo, ran alongside her patients for the entire race. "I was worried that they were so committed to finishing that they wouldn't tell me if they weren't feeling well. Fortunately, they were all fine, and everyone finished."

The five patients and two nurses ran side-by-side for about half the race, being joined by Kathy McKool, another nurse from the CHC, on a bicycle. For the last half of the race, two patients broke ahead a little bit but still under the watchful eye of the nurses.

"It was very important for us to keep to a definite pace of about 12 minutes a mile," explained Ms. Nelson. "At times, it was difficult to hold them back, especially when they received so much support all along the route."

Much of the cheering was led by other patients of the Cardiovascular Health Center, who lined each mile of the last 16 miles of the course. Many held signs, some dressed in costumes, and others had noise makers. "It was a real team effort," said Ms. Nelson.

At approximately the 21-mile mark of the race, Chuck Coppola began having a problem with his knee. Fortunately, Meryl Cohen, an MGH physical therapist, who is also a Cardiovascular Health Center staff member, was on hand to ice the knee and put on a brace. She then finished the race with him.

All five did not turn from heart patients to marathon runners overnight. Nor was that the intent. Running was something they chose to do on their own. As members of the Cardiovascular Health Center, they achieved an optimum fitness level and improved their life-style through a complete exercise, medical, and nutrition program.

The patients' training program for the race included a rigorous schedule of aerobic exercise, as well as weekly ses-

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For Cardiovascular Health Center patient Tony Theodore, just being able to run in the marathon was reason to celebrate at the starting line.

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Better speech, language, and hearing month
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If a disaster strikes
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House Ways and Means Committee Chairman Richard Voke (left) and State Human Services Secretary Philip Johnston assure three-month-old Antonio Romero of getting a healthy start.

From a Healthy Start...

Healthy Start is a healthy one-year-old and so are thousands of babies because of it.

Healthy Start is an innovative statewide program aimed at reducing infant mortality by providing prenatal care coverage for low-income women who are not insured.

In the past year, the program has served nearly 7,500 people in Massachusetts, covering all pregnancy related medical, laboratory, pharmacy, and hospital costs. In addition, it pays for one postnatal visit, nutritional training, health education, and prenatal and parenting classes.

At the birthday party held last month at the MGH-Chelsea Memorial Health Center, state and local officials gathered with MGH staff in celebrating the success of the program.

"*Healthy Start* ensures that every expectant mother in the Commonwealth has access to quality medical care," remarked State Human Services Secretary Philip W. Johnston. "We will continue to work very hard to bring the infant mortality rate in Massachusetts to its lowest level ever."

Joining Secretary Johnston at Chelsea were Public Health Commissioner Bailus Walker, House Ways and Means Committee Chairman Richard A. Voke, and Chelsea Mayor Thomas Nolan.

In launching the *Healthy Start* program, Massachusetts became the first state in the nation that offers care for all uninsured pregnant women.

All agreed that in order to give newborns the best chance for a healthy life, they must have a *Healthy Start*

To a Healthy Heart

Wednesday may be spaghetti day in the North End, but for Margaret and Peter Nardini of Somerville, Wednesday is grocery shopping day at Johnnie's Foodmaster Supermarket in Charlestown. And April 8 was no exception.

However, not only did the Nardinis take home the food they bought but also some food for thought about their health.

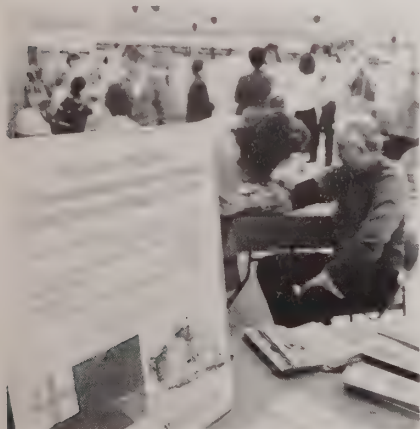
The Nardinis were among more than 500 people who participated in "*Charlestown Healthy Heart Week*," a communitywide response to the number one health problem of that neighborhood—heart disease.

The event was sponsored by the Cardiac Health Enhancement Advisory Board of the MGH-Bunker Hill Health

Center, a group made up of Charlestown business representatives, civic and political leaders, health center staff, and local residents.

Although heart disease is of great concern in many Boston neighborhoods, Charlestown, according to a recent study, has the distinction of having the highest rate of deaths due to the disease in the city of Boston. The report stated that Charlestown's men had a 38 percent higher rate of death from heart disease when compared to Boston as a whole. For women, the rate was 63 percent higher.

In response to these findings, Dr. Roger H. Sweet, Director of MGH Community Health Associates, and Margaret Carolan, Manager of the



"Healthy Heart" gave Charlestown area residents a chance not only to have their blood pressure, cholesterol, and weight checked...



But also to check out the latest in healthy eating

Running

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sions at the Harvard track. As a final test of their endurance, all had to successfully complete the New Bedford Half Marathon, a 13.1-mile race.

"We're not trying to develop marathoners," noted Dr. Jill Downing, Director of the MGH-Harvard unit. "We're trying to turn their lives around."

Shortly after 5:30 p.m., with the large crowds gone and a heavy mist still falling, the group arrived in Copley Square to the cheers and tears of family members.

While the patients were finally catching their breath, Kris Nelson and Christie Kuo were now breathing a sigh of relief.

"I've worked as an intensive care nurse, but I really don't think I ever had more responsibility than I did during the race," admitted Ms. Nelson. "What they did was not easy, even for younger people with no history of heart problems. They should be very proud of what they have accomplished."

And Ms. Nelson also has a sense of pride in her contribution. "I'm very

lucky," she said. "How many nurses have an opportunity to do this kind of thing? I know where these men have come from—how devastating a heart attack can be both physiologically and psychologically. A few years ago, they thought their lives were over. But all you had to do was see their faces to know what being able to run in the Boston Marathon meant to them. For me, nothing will ever parallel that."

Members of the Cardiovascular Health Center weren't the only members of the MGH to run in this year's Boston Marathon.

Several employees of the hospital also made the trip by foot from Hopkinton to Copley Square. Those who recently called the News and Public Affairs Office with their time were:

John Bump, 2 hours 59 minutes

Gary Stone, 3 hours 7 minutes

Ward Cromer, 3 hours 32 minutes

Willy Markert, 3 hours 37 minutes



These MGH patients running with nurses Kris Nelson (third from left) and Christie Kuo (second from right) overcame both heart disease and heart-break hill. (Left to right) Nelson LeClair, Hyman Sheinfeld, Tony Theodore, and Chuck Coppola. Not shown is Frank Scala.

MGH-Bunker Hill Health Center, presented the problem to the health center's staff.

"The consensus was to work aggressively with community leaders, business people, and others within Charlestown to develop a community-wide and community-run program to combat heart disease," said Dr. Sweet. "Although family history and environmental factors contribute to heart disease as well, we felt that a program emphasizing life-style changes could make a significant impact in reducing the large number of deaths in this community."

Thus, "*Healthy Heart Week*" was the first of what organizers hope will be a continuing effort to educate residents about health issues.

More than 500 people participated in the health screening during the week, and more than 250 had their cholesterol

level checked at the Foodmaster on April 8 alone. On that day, there were also a blood pressure screening, food demonstrations, and health counseling.

For the Nardinis, choosing a health care provider is as important as choosing the right food to buy at the supermarket.

"When we heard the MGH was involved in this program, we made sure to stop by," said Mrs. Nardini. "We have a lot of confidence in the hospital."

The Nardinis' high blood pressure is kept in check by medication and frequent visits to the doctor. But "*Healthy Heart Week*" was really aimed at others.

As Larry Mulrey of Johnnie's Foodmaster and a member of the Advisory Board put it, "We hope to be able to help a lot of people who don't even know they have a problem."

Speaking up and being heard

We often take for granted the ability to hear and the faculty for speech and language. The processes of speech, language, and hearing are intricately connected. When problems arise in one or more of these areas, a person's capacity to communicate and function adequately in our society may be severely compromised.

According to the National Center for Health Statistics, communicative disorders constitutes our nation's number one handicapping disability.

Some common communicative disorders are delayed language, learning disabilities, aphasia, articulation problems, stuttering, and voice difficulties. There are also hearing

disorders such as conductive, resulting in speech or sounds being muffled or heard faintly; sensorineural, resulting in words sounding slurred or lacking in clarity; and mixed, a combination of both.

For more than 50 years, May has been designated as National Better Hearing and Speech Month. This year the Speech-Language Pathology Units at the MGH and the Audiology Department at the Massachusetts Eye and Ear Infirmary will be conducting special programs throughout this month to increase awareness of speech, language, and hearing disorders.

During the month, brochures will be distributed and displays placed throughout the two hospitals to give employees, patients, and visitors a better understanding of communicative disorders as well as current information on diagnosis, treatment, research, and technology.

Among the activities being planned at the MGH are:

May 11 & May 14, 12:00-1:00—Speech/voice/hearing screenings at no charge for employees and visitors. Also a slide show will be presented about communication disorders.

May 11, the MGH-Bunker Hill Health Center will be offering speech and hearing screenings for employees and visitors, from 1:00-3:00, at 121 Inner Belt Road in Somerville.



JoEllen Cumpata, a Speech-Language Pathologist, works with a patient on a computer-assisted language treatment task.



Michelle Micciche, a Speech-Language Pathologist, helps a young patient to develop her skills.

May 16—A lecture will be held from 9:00-12:00 in the Walcott Room. It will be presented by Dr. Albert M. Galaburda on the subject of "Language and the Brain."

May 20, at the MGH's Chelsea Memorial Health Center, there will be speech and hearing screenings for employees and visitors. Also a slide show will be presented on May 20 and May 21 about communication disorders.

Information and assistance are available

throughout the year at the following MGH Speech, Language, and Hearing units:

MGH Speech-Language Pathology Department, 726-2762
Bunker Hill Health Center, 242-5748
Chelsea Memorial Health Center, 884-8300, Ext. 527
Revere Health Associates, 284-0064
Mass. Eye and Ear Infirmary
Speech-Language Pathology Unit, 726-2763

In General

The MGH was well represented in a just released survey by *Anesthesiology News*. The survey asked respondents to identify institutions where they would seek medical care if they or a member of their family required therapy within specific categories. Respondents were also asked to identify anesthesiologists from whom they would seek treatment. The MGH finished in a first place tie

with the Mayo Clinic in the category of General Surgery. In addition, Dr. John J. Savarese was most mentioned in the category of specialists in Neuromuscular Relaxants, Dr. John F. Ryan was included in the category of Malignant Hyperthermia, and Dr. Jeffrey Cooper and Dr. John M.R. Bruner were the two most frequently named in the category of Patient Safety.



The weather obviously didn't dampen the spirits of these MGHers who just came in out of the rain after participating in the Nurses Run on April 5. The race through downtown Boston was sponsored by the American Heart Association. Kathy McKool of the MGH's Cardiovascular Health Center was chairman of the event. Kris Nelson and Mary Ellen McNamara, also from the MGH, were members of the committee that planned the race. (Photo by Joe Fortunato)

In honor of the 70th birthday of Dr. Jerome Gross, Chief of the Developmental Biology Laboratory, a three-day symposium on "Extracellular Matrix" was held recently at the Marine Biology Laboratory at Woods Hole. The conference was attended by approximately 300 scientists from the United States, Canada, England, France, Belgium, Germany, Japan, and Israel, including about 50 scientists who received their research training in Dr. Gross' laboratory. The symposium was organized by Dr. Bryan Toole and Dr. Thomas Linsenmayer, both from the Department of Anatomy and Cellular Biology at Tufts Medical School.

John A. Mahoney has been appointed Associate Director of Fiscal Affairs. Mr. Mahoney is no stranger to the MGH having worked here for 17 years until 1979 when he left for a position at New England Medical Center. There, he most recently was Director of Financial Operations. Mr. Mahoney will be responsible for working with functions of preadmitting, admitting, registration, medical records, and utilization management to strengthen ties between them and the billing collection functions.

Dr. Scott A. Rivkees of the Children's Service has been named a Fellow of the Pediatric Scientist Training Program, sponsored by the Association of Medical School Pediatric Department Chairmen, Inc. The fellowship begins July 1. Dr. Rivkees' specialty is Endocrinology.

The MGH Beauty Shop is giving you a chance to color your life. It is offering a Seasonal Color Analysis, a scientific theory that groups individuals by skin, eye, and hair color into one of four categories named after the seasons of the year. To discover a person's true season, a careful analysis is made of the skin tones, eye color, and natural hair color. Once the season is determined, recommendations can be made for the most flattering and truly harmonious colors for fashion, makeup, and hair. Let the Beauty Shop show you how Seasonal Color Analysis can work for you. For an appointment, call Ext. 3211.

The Baker 5 Oncology Support Group is still going strong after seven years. This group is open to any MGH cancer patient or family member. Meetings are held weekly on Monday afternoons from 4 to 5 o'clock in the Baker 5 lounge. If you would like more information, please call Ext. 3256.

Planning for disasters



Fires, airplane crashes, car accidents, train derailments, chemical spills, floods, hurricanes. The list of disasters—either natural or unnatural—can be endless.

If disasters have one thing in common, however, it's that they are unplanned if not totally unpredictable.

That's why it's important to expect the unexpected.

Thus, the MGH's "Disaster Plan" was developed.

"The primary purpose of the Disaster Plan," explained Ellen Greenblatt, Manager of Emergency Services, "is essentially to organize all patient care resources to meet the needs of disaster patients with a minimum amount of disruption to normal hospital and emergency department activities."

In an effort to practice and perfect procedures, disaster drills are routinely held at the hospital at least twice a year.

"Employees and staff in departments not usually involved with the Disaster Plan probably don't even realize a drill is happening," said Ms. Greenblatt.

"However, as the intent is to simulate, as much as possible, a real disaster, employees are asked to comply with rerouted traffic patterns into and out of the hospital."

In the event of a real disaster, the administrative staff of the Emergency Ward/Trauma Center is informed of the nature of the incident, and the staff immediately notifies the Disaster Chairman, Dr. John F. Burke; the Chief of Emergency Services, the General Director's Office, the Associate General Director for Medical Affairs, and the Senior Surgical Resident in the E.W. A decision will then be made whether to declare the hospital on "Full Disaster Status."

If Full Disaster Status is declared, management of the disaster will be transferred from the Emergency Ward/Trauma Center to Disaster Headquarters in the Trustees' Room in the Administration area of White 1. Here, three main functions will be based: supervision and coordination of disaster operations, mobilization and coordination of disaster support services, and the maintenance of routine operations to the extent possible.

The Disaster Plan is decentralized so that individual departments will be mobilized only if or when their services are needed. Departments which need to

be immediately involved will be automatically alerted by the Communications Department.

"Although we would appreciate the support MGH employees and staff would give by coming to the E.W./Trauma Center to assist," remarked Ms. Greenblatt, "the only people who should be there are those who have a specific function."

Triage and emergency care of disaster patients will be managed within the confines of the E.W. until its capacity is exceeded. The Disaster Chairman along with the Chief of Emergency Services (and/or the General Director's Office) will determine the need to expand facilities outside the E.W.

If this expansion does occur, triage management will be moved into the White Building lobby, making it necessary to clear space in the lobby, relocate the Information Desk personnel, and reroute visitors and personnel via the Gray, Warren, and Bulfinch Building entrances.

Disaster Patient Care facilities may expand to the ACC depending upon the number and type of casualties. If facilities become inadequate, further expansion to other areas of the hospital will be necessary and may encompass the Mass. Eye and Ear Emergency Ward and/or the Shriners Burns Institute.

The mobilization and coordination of disaster support services and the maintenance of routine operations is the responsibility of the Director of Operations and/or the Administrator On Call. Of specific concern are ensuring additional services from ancillary departments, handling requests from Disaster Treatment Areas for additional personnel and supplies, and maintenance of traffic control and public relations efforts around treatment areas.

Only the Deputy to the General Director for News and Public Affairs or a representative from that department is authorized to give any information to the news media.

"The Disaster Plan is a way to give order to a potentially chaotic situation," added Ms. Greenblatt. "In this effort, we need the cooperation of all employees. Fortunately, major disasters don't occur very often. But when they do, we can hope for the best, as long as we prepare for the worst."

Secretary has her day

Patriot's Day turned out to be more than just an ordinary day off for an MGH secretary.

Karen Miller, Executive Secretary in Orthopaedic Surgery, was selected "Secretary of the Day" on April 20 by WROR FM. The radio station honored one Boston area secretary each day during National Secretary's Week (April 19-25).

Ms. Miller, a 13-year employee of the MGH, was nominated by Dr. Henry J. Mankin, Chief of Orthopaedic Surgery.

"I am firmly convinced that she is in fact, 'the best,'" wrote Dr. Mankin. "...I am very fortunate to have had the privilege of working with her over all these years."

For the secretary, however, the honor produced a few mixed emotions.

"I'm very happy to have won but



This year's celebration of National Secretaries' Week was one that Karen Miller won't soon forget.

also a little embarrassed by the whole thing," admitted Ms. Miller, who was even interviewed briefly on the radio during Patriot's Day morning.

Ms. Miller's prizes included a day off with pay (the station will supply the office with a temporary secretary) as well as a day at a health spa.

"I'm looking forward to being wrapped in mud," she joked.

Nurse

from page 1

This award is presented monthly by the MNA to a practicing nurse who demonstrates commitment to excellence in all areas of nursing.

Mr. Moulaison was nominated by his head nurse, Rose Wilkeson; Joan Monahan, a colleague on White 6; and by Dr. Deanna Pearlmuter, his Clinical Director.

According to Ms. Wilkeson, "Mr. Moulaison is 'a recognized role model. His knowledge, professional practice, and approachability make him a most sought after senior staff nurse resource on the nursing unit.... His creative approaches to care, expertise in emergencies, and his leadership around both primary nursing and documentation of care have earned him tremendous respect in the five years he has worked on White 6.'"

In addition to his nursing duties, Mr. Moulaison participates in quality assurance activities and has developed patient teaching materials, including a cross reference system of nursing journal articles. He is also a member of Sigma Theta Tau, the national honor society of nursing.

When asked what makes nursing worthwhile, Mr. Moulaison states, "My relationships with my primary patients give me so much satisfaction. I really believe that, as nurses, we can make such a difference in people's lives. I also respect and enjoy the special nurses I work with on White 6, especially my head nurse."

Mr. Moulaison, whose MGH career in nursing began in 1973 as a nursing assistant in the Operating Rooms, has a bachelor's degree in Biology. However, through his work with patients in the O.R., he developed a deep interest in nursing and returned to school to earn an Associate's degree in Nursing. He is now completing the final semester for his Bachelor of Science degree in Nursing at Salem State College. He would also like to earn a combined

MSN/MBA degree in Nursing Administration and to someday become a head nurse so that he can contribute in a different way by leading the people who care for others.

Mr. Moulaison's wife Kathryn is a nurse in the MGH Operating Room. They have two children, Sydney, who is nine, and Keith, age four.

Mr. Moulaison will be honored at the MGH during Nurse Recognition activities this month and at the annual MNA convention in October.



A phone call provided Walter Moulaison with the official word of his MNA award.

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There's no shadow of a doubt that most of us will at least hear the construction of the new tower, even if we cannot see it.

Major legal obstacle cleared for tower construction

The most significant legal hurdle to the construction of new inpatient towers has been cleared.

Superior Court Justice James P. McGuire last week ruled in favor of the MGH in a suit brought by Charles River Park. The May 12 decision thus affirms a decision by the Board of Appeals for the City of Boston granting the zoning "exceptions" necessary for the project.

Although two other cases are still pending, these do not interfere with the MGH obtaining a Building Permit.

Meanwhile, with nearby windows now securely covered over, construction of the new inpatient tower is about to be heard if not seen.

Noise from the "driving" of interlocking steel sheeting is scheduled to begin around the first of June. This sheeting is necessary in order to hold the soil in place while the excavation and foundations for the new building are being installed.

The driving of the sheeting will begin at 7:30 a.m. and continue until 4:00 p.m., five days a week. This process is expected to take between four and six weeks.

Everything possible will be done to minimize the inconvenience created by the noise. Patients who find the sound unbearable can even be loaned radios with headphones from the clinical administrator on the floor.

Although most employees, patients, and visitors haven't been able to view the construction site from nearby windows, much activity has taken place.

The west wing of the White Building has been demolished, the Phillips House arch has been widened, and the first eight-to-nine feet of soil has been removed from the courtyard.

In order to protect people from the activities in the construction area, electric locks have been installed on exit doors in the Vincent-Burnham basement and on the basement door in the south end of the Phillips House near the Mass. Eye & Ear Infirmary. These doors will remain locked at all times except when there is a fire alarm, which will permit the doors to be opened.

Mother nature causes many to sing the blues

Talkin' to myself and feeling old. Sometimes I'd like to quit. Nothin' ever seems to fit. Hangin' around. Nothin' to do but frown. Rainy days and Mondays always get me down.

It's not just your imagination. Much of April and May have seemed like one long Monday.

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When the sun finally did make one of its rare appearances this spring, it was not surprising to see that it attracted a large crowd of onlookers.

Dr. Kurt Isselbacher named Director of MGH Cancer Center

The MGH this month announced an ambitious program expanding and strengthening the hospital's cancer center, already the largest in New England.

At the same time, the hospital announced the appointment of one of the nation's leading physician-scientists to lead the new program.

In his newly created position as Director of the MGH Cancer Center, Dr. Kurt J. Isselbacher will not only coordinate cancer treatment, education, and research activities in the eight-story Cox Building but also research and other programs in satellite quarters now being developed at the nearby Charlestown Navy Yard.

Chief of the MGH's Gastrointestinal (GI) Unit for the past 30 years and Mallinckrodt Professor of Medicine at Harvard Medical School, Dr. Isselbacher said the past decade has witnessed an explosion of cancer knowledge.

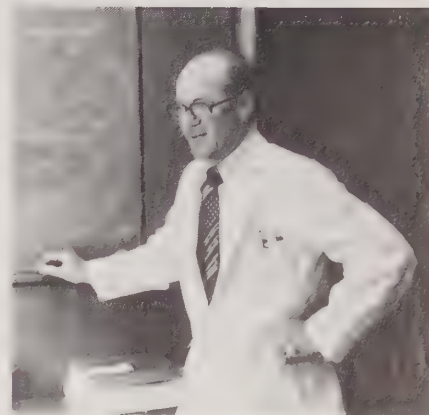
"The field of oncology has become increasingly big and complex," the internationally known physician said. "It is difficult for any one physician to be a specialist in all types of cancer."

Whether it be cancer of the bone, breast, colon, stomach, pancreas, kidney, or prostate, each has become an in-depth entity requiring special knowledge and expertise."

Dr. Isselbacher cited three reasons for expanding the hospital's cancer research effort:

"First, advances in basic biology, especially molecular biology, immunology, and cell biology, have progressed so rapidly that we simply cannot afford to delay new study programs.

"Second, we can do much more for cancer patients now than we could ten



Dr. Kurt Isselbacher has big plans for the MGH Cancer Center.

years ago, but it is clear that more potential benefits lie ahead.

"And third, in the past when the cancer picture was very discouraging, very few investigators were willing to go into oncology. Today, many of the best members of our MGH residents want to enter this field. They see the opportunities for contributions and advances."

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"I spent a day with a nurse"

by Anne Macaulay

Ed. Note: Anne Macaulay, a secretary in the Department of Radiation Medicine, was one of more than 50 employees to spend a day with a nurse earlier this month. The program was in conjunction with the celebration of Nurse Recognition '87. Here is her account:

It may sound corny, but after my experience on White 11, I will never look at another nurse and *not* feel something approaching plain awe.

And according to Linda Russell, Assistant Administrative Coordinator of this Neuro unit, May 5 was a "good" (i.e. quiet) day.

For starters, I learned a few things: I learned how to change a bed—with a patient still in it. I will never, for example, ever drive, much less own, a sports car or any subcompact car. And I will never drink and then drive.

Nor will Lisa Campagna, RN, or any of the other nurses who staff this unit.

Thanks to an innovative program called "Spend a Day with a Nurse," sponsored by the MGH Department of Nursing and coordinated by Patti Rager, RN, I was a guest of the unit on the 7-3 p.m. shift. Lisa Campagna graciously consented to my trailing behind her for the day.

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Among those depressed because of the rain are MGH softball players, who have been waiting several weeks for the puddles to disappear so they can finally play ball.

Blues

from page 1

Last month alone, new records were recorded at Logan Airport for most rainfall in April (9.45 inches) and least percentage of possible sunshine (38%). And the first part of this month started out much the same way.

If gray clouds have made you feel blue, you're not alone.

"There's definitely research evidence that mood changes can be seasonal and that depression can be associated with extended periods of lack of sunshine," said Dr. Martin B. Keller of the MGH Department of Psychiatry.

A recent study published in *Science* magazine indicated that "Eight patients who regularly became depressed in winter (as day length shortens) significantly improved after one week of exposure to bright light in the morning."

In addition, Dr. Keller, who is Director of Outpatient Research in the Department of Psychiatry, pointed out that the most recent edition of the Diagnostic Manual of the American Psychiatric Association acknowledged that some people do suffer from seasonal mood variations associated with changes in the weather by including the "seasonal pattern" subtype of depression or mania as a diagnostic entity.

So what are we to do to put sunshine on the inside when there are clouds on the outside?

"Physical exercise can be very helpful for many people," noted Dr. Keller. "In addition, I would recommend enjoying any bit of sunshine possible whenever there's an opportunity. Remember that 'rainy days and Mondays' won't last forever, not even in New England.

However, at the rate we're going, spring fever may not hit until the Fourth of July!

Isselbacher

from page 1

One of Dr. Isselbacher's major tasks will be to recruit additional top-flight scientific talent for the center. He anticipates close to a 30 percent increase in personnel, now that the availability of space in Charlestown has made expansion possible. Many of the new researchers are expected to be young scientists who already have excellent records of accomplishment and who can "come on board" as quickly as laboratory space is set aside for them.

"The whole excitement is to create an even better intellectual scientific environment which in turn will improve patient care," Dr. Isselbacher said.

He also plans over a period of time to

recruit some tenured faculty.

Dr. Isselbacher said that being part of a general hospital gives the MGH Cancer Center a great advantage over some other cancer centers. If their patients develop major complications, such as a heart attack, or require unexpected surgery, they often need to be transferred to other appropriate institutions.

"We have a tremendous opportunity," Dr. Isselbacher said. "It's the clinical excellence of the MGH, combined with the expertise in so many specialized aspects of cancer diagnosis and treatment, and now an additional basic science effort that will

Emergency surgery in Emergency Ward

A few minutes...not a lot of time but just enough to make a big difference between life and death on Easter Sunday in the MGH Emergency Ward.

It was about 2:30 a.m. on April 19, when a man burst into the E.W. screaming, "Quick, help me get him out of the car."

In a matter of seconds, 24-year-old Richard Scadding was in Trauma Room 2, only minutes after being stabbed in the chest.

Dr. Robert J. Still, a third-year surgical resident, and Dr. Joseph Friedberg, an intern, determined that the patient had labored respirations, a faint pulse, and no blood pressure.

Within seconds after being intubated, Mr. Scadding had no pulse at all. The doctors quickly opened up the patient's chest and found blood in the pericardial sac, preventing the heart from pumping. Dr. Still then opened the pericardium and removed the clot. The heart began to pump once again. Dr. Still then sewed the wound in the right ventricle with two stitches.

In less than 25 minutes, Richard Scadding's life had been saved. Shortly thereafter, he was transferred to the Operating Room, where the bleeding would be stopped and the wound closed.

"I really thought he had a good chance when he came in," remarked Dr. Still, a native of Florida and a graduate of Johns Hopkins Medical

School. "The important thing was that his friend brought him in immediately. If he had come in just a few minutes later, the outcome might have been different."

On April 28, Richard Scadding was discharged.

Dr. Still is now doing a rotation at the Shriners Burns Institute. But he still thinks back to that early Sunday morning.

"I remember it being the busiest night I had in the E.W.," he said. "We treated two other patients who had been stabbed, as well as several people involved in motor vehicle accidents. Although I had opened a chest before, it was the first time I did it for a penetrating wound."

Dr. Still, Dr. Friedberg, and Dr. Luis Cuadros, a plastic surgical resident, received much of the credit for saving Mr. Scadding's life. But Dr. Still insists there were other unsung heroes that morning.

"The nurses were great," he said. "They all did a terrific job."

One might think that after being on call for more than 24 hours, the first thing Dr. Still would do when he got off duty at 10 a.m. was to go to sleep. However, the resident had other plans.

"I went to church," he said. "Later I had Easter dinner at a friend's house. I actually didn't go to bed until 10 o'clock that night."



Dr. Still can relax now, but it was a far different story early Easter Sunday morning.

permit us to develop into one of this country's leading cancer centers. That's what we're aiming for."

A cum laude graduate of Harvard Medical School in 1950, he was appointed Chief of the GI Unit at the MGH only seven years later at the age of 32. In early 1969, he received the Bengt-Ihre Award from the Swedish Medical Society for "outstanding contributions in the field of gastroenterology."

In 1973, he became the first gastroenterologist in the nation to be elected to membership in the National Academy of Sciences. Just this year, the prestigious organization named him to three prominent positions (Councilor of the Academy, member of its Executive Committee, and member of the Governing Board of its National Research Council).

This is a preprint of an MGH News article.

Retirements



Dave Huggan (left), a 35-year employee of Supply Services, has reason to smile at his retirement party. At right is Jeff Davis, Director of Special Services.



Bernice McCleavey's many friends made sure she was in the spotlight at her recent retirement party held on Staniford Street. Ms. McCleavey was a supervisor in the Patient Accounts Department.

In General

Five members of the MGH-Harvard Cardiovascular Health Center were not the only MGH patients to have run in this year's Boston Marathon. Twenty-two-year-old **Mary Kate Dunn** of North Attleboro, a cystic fibrosis patient of **Dr. Kon-Taik Khaw**, ran the race for the first time and finished with a time of 4 hours and 42 minutes. Ms.

Dr. Alan J. Gelenberg, Chief of the MGH Special Studies Clinic, has been named Editor-in-Chief of the *Journal of Clinical Psychiatry*. The 47-year-old Journal has an international circulation of 30,000 and is widely regarded by psychiatrists. Since 1979 the *Journal* has been associated with the American Academy of Clinical Psychiatrists.

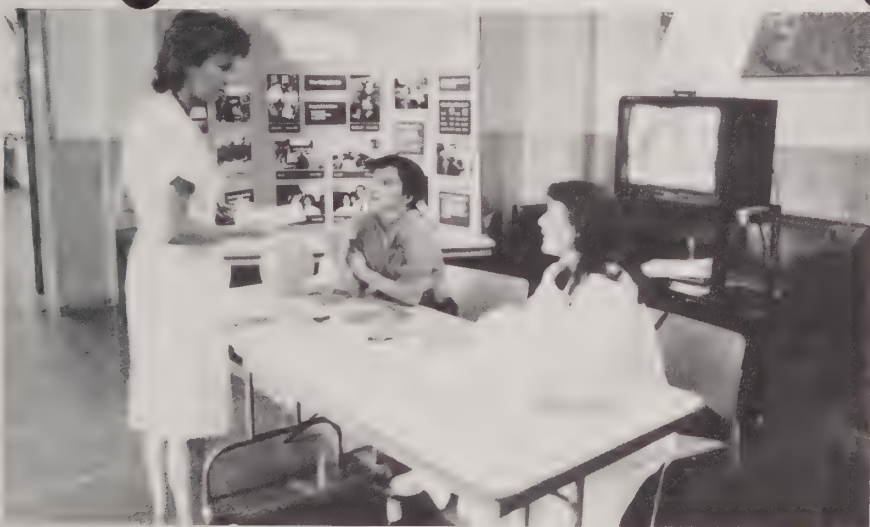
Deborah Mayer, RN, MSN, CRNP, OCN, assistant professor at the MGH Institute of Health Professions and an oncology clinical specialist at the MGH, has just been installed as president of the Oncology Nursing Society. The 10,000-member Society is dedicated to excellence in patient care, teaching, research, and community service in the field of oncology.

Early cancer detection is the primary goal of Cytotechnologists and Cytopathologists, who celebrated National Cytotechnology Day on May 13. The purpose of the event was to provide information to the public about an inexpensive testing method which can detect cancer in its early stages. Cytotechnologists and Cytopathologists are laboratory specialists who use a microscope to study cells from any area of the body. They are specifically looking for cancer cells or cells that show changes to indicate cancer is just developing. If individuals can be encouraged to participate regularly in cytology screening programs, the detections of these early cancers will increase, and lives can be saved.

The West End Group Practice is sponsoring a group for parents who are concerned about alcohol or drug use in their adolescent children. Parents may refer themselves or be referred by a member of the staff. The group, which will offer education and support, will be led by two psychiatrists. For more information, please call Dr. Marie Armentano at Ext. 2712.

Dr. Ronald J. Callahan, Director of Nuclear Pharmacy at the MGH, has been named an Academy Fellow of the American Pharmaceutical Association Academy of Pharmacy Practice and Management. Academy Fellows have developed a distinguished professional practice, demonstrated unusually outstanding achievement in their profession, and have served the public health by advancing the pharmacy profession.

MGH T-shirts, so popular during the Employees Capital Campaign in 1985, are now on sale in the Volunteer Department. The price is \$3.00 for one shirt or \$5.00 for two. The money will go to Volunteer programs.



More than 150 people received information about organ donations at an Organ Donor Awareness exhibit set up in the White Building lobby on April 28.

Dunn ran with one of her sisters and was monitored at six checkpoints during the race by Dr. Khaw and MGH nurses **Claire MacIssac** and **Mary Desautels**. Ms. Dunn raised more than \$3,000 for the National Cystic Fibrosis Foundation.

The MGH's Family Care Program in the Department of Social Service will be featured in a segment of a Channel 7 series scheduled to be telecast during the 6 p.m. news on May 27. The series is on nursing homes and alternatives to nursing home care. **Barbara Morrison**, Director of the program, was interviewed. Also scheduled to appear is **Blanche Muise**, a participant in Family Care, a program which allows elderly people to live with families instead of in institutions.



Dr. Charles Huggins, Director of the Blood Transfusion Service, gives the obligatory kick to the tires of the hospital's new bloodmobile. The vehicle replaces the original bloodmobile, which after 11 years and over 200,000 miles needed more than a transfusion to keep it going.

Nurse Recognition '87



"I spent a day..."

from page 1

On White 11, the tempo is nonstop, and the atmosphere is no nonsense. Patients assigned to the unit have complicated, life-threatening neurologic problems. There are patients with brain tumors, strokes, and in comas.

At morning report, Sandy Collins, RN, head nurse, explains, "We see a lot of serious head injuries—automobile, motorcycle accident survivors. Expect to see and hear just about anything. Most of these patients are confused, disoriented. Certain head injuries may cause a patient to lose normal behavior oriented inhibitions."

As we trot through Lisa's morning activities: sponge-bathing, changing linens, checking patients' vital signs, she talks about the patients. "We get a great many car accident victims, especially in summer when kids are home from school," she explains. "And though our patient turnover is high, we know we'll have young people all summer."

A significant number of patients on the unit are direct admissions from the Emergency Ward.

The morning pace is brisk, and in many ways I am glad to be busy. It is indeed sobering to see people—of all ages—hooked up to IV feeders and breathing with the aid of tracheostomies. My job as a secretary in the administrative offices of the Radiation Medicine Department prepares me for little, if any, of the procedures I witness or tasks I help to perform.

I watch with a mixture of reverence and shock as Lisa prepares to feed a patient described as being in a "light" coma due to head injuries suffered when

he fell down a flight of stairs. He receives nourishment through a direct abdominal perforation. We gown and mask to bathe him. Then we rub Alpha Keri Lotion into his skin. Lisa is careful to replace the pillows that cushion his rigid fetal position, which the body assumes in coma as a self-protecting measure.

Another surprising aspect of Lisa's job (one which I can say I have "hands on" experience in) is the heavy lifting involved. Not all patients are frail and thin, especially when encased in weighty immobilization devices.

A man from Transport wheels a patient back from a radiation treatment. It is up to the nurses to lift the patient, complete with upper body brace, back into bed, and it takes three of us to do so. Bedridden patients must be turned frequently, for bathing, for comfort, to

prevent bed sores.

By noon I'm ready to call it a day. Lisa seems unfazed. We talk about ways of combating the stress, the frustrations involved in the constant and strenuous care of these patients.

"I go home and crash. Sometimes I cry. You can't leave this job easily. You find you worry about your patients constantly," she said.

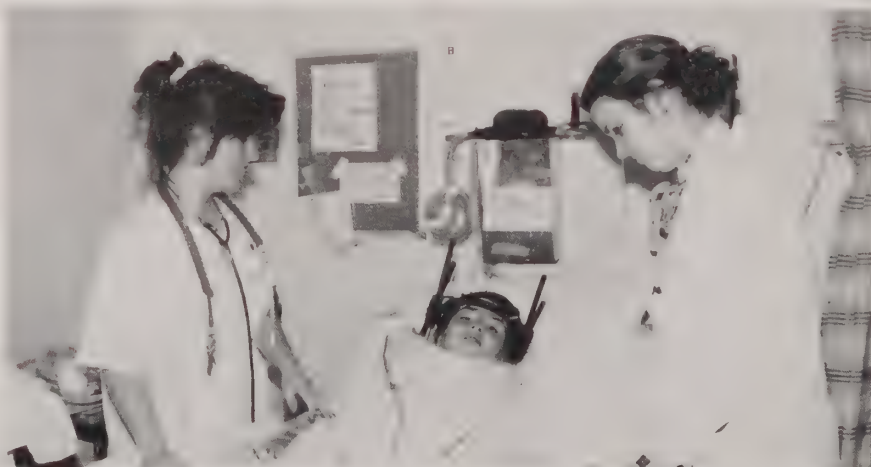
I am impressed with her high energy. She never loses her temper, and she shrugs off some of the minor problems of the job with a laugh. There is, for example, the patient who insists on brushing his teeth with petroleum jelly—no matter how many times she loads his toothbrush with Pepsodent.

A patient suffering from severe head injuries as a result of a high-speed automobile accident wears a brace resembling a portable jail cell. He is

instructed to be restrained securely at all times. He complains about having his legs restrained, and for a few minutes (and under Lisa's constant surveillance) he is freed from the padded binding. "He would be worse if I kept him restrained—it would do him more emotional harm than physical good," she explains matter of factly. I watch her make this kind of decision throughout the day.

It is very impressive how complex this nursing business is. On White 11, each patient requires his or her own set of "rules," guidelines, and game plans for care. It is the nurse's job not only to carry out the care plan but virtually to *devise* it as well. Together with the physical demands, the threat of burnout is always present. Some nurses transfer to other units.

"If you can work on White 11, you can work anywhere!" the nurses say proudly, practically in unison. I carry this thought back with me to Radiation Medicine and somehow, with all the typing and filing and running around after X rays, I am, I must admit, glad to see three o'clock.



Anne Macaulay (right) joins White 11 nurse Lisa Campagna in checking on patient.

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Dr. George Baker made his best pitch to open the new MGH softball season. Story on page 4.

Silver anniversary for man with the golden arm

Just a few weeks ago, he pulled up to a job in a suburb of Boston. As he approached the woman who had called him, she thought she noticed something very familiar.

"Where do you come from?" she inquired trying to be casual.

"I'm originally from Somerville," the man responded, not really suspecting anything but the start of an innocent conversation.

The woman paused for a second or two and then decided to pose the question she had been leading up to all along.

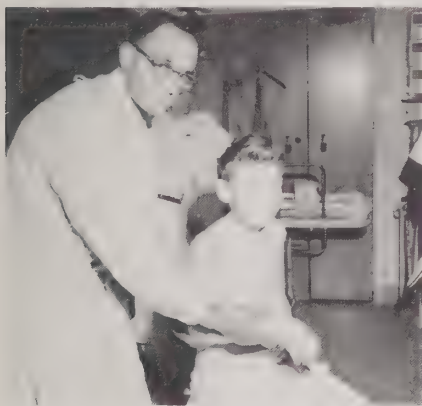
"Are you Everett Knowles?" she asked.

The man looked in surprise and shook his head in the affirmative.

"I thought I recognized you," she continued. "I was at Mass. General when they put your arm back on."

That was 25 years ago, an eternity to some but only yesterday to others, especially those who still remember Everett (Red) Knowles, even if it's only as a smiling, 12-year-old freckled-faced redhead holding a baseball from his hospital bed.

Nineteen hundred and sixty-two. It was the year that one person named Knowles took his place as Director of the MGH while another by the same name took his place in the medical



Dr. Ronald Malt led the team that performed the first replant in history, here in 1962 with the first replantation patient, Everett Knowles.



Mr. Knowles says his arm has never stopped him from doing anything he's wanted to do, including lifting heavy weights as he demonstrates in this 1982 photo.

Inside

A White House stamp of approval
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Avoiding the itch
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Patient room turns into wedding chapel
page 3

record books.

The May 23, 1962 procedure, led by then chief surgical resident Dr. Ronald A. Malt, was the world's first successful replantation of a severed human arm. It made history.

But for a small 12-year-old boy whose arm helped change the course of modern surgery, the significance of the

continued on page 4

Markers found for neurological disorder

An international team of scientists led by neurogeneticists at the MGH reported that they have located a genetic marker close to the gene that causes Von Recklinghausen neurofibromatosis (VRNF), one of the most common inherited disorders in humans.

The discovery of a DNA marker provides the scientists with an avenue in which to define precisely which gene (or genes) on chromosome 17 causes this serious neurological disease.

The MGH group reported its findings at a joint news conference held on May 28 in New York that included the MGH team; a group from the Department of Human Genetics, University of Utah Medical School; and the National Neurofibromatosis Foundation. The Utah scientists found on chromosome 17 markers which also lie close to the defective NF gene. Their findings were published in the May 29, 1987 issue of *Science*. Pooling the results of the two studies should accelerate the develop-

ment of a much-needed diagnostic test for NF. The MGH study was published in the June 5, 1987 issue of *Cell* which authorized the May 28 report.

Often called Elephant Man's disease because it was thought to have caused the deformity afflicting John Merrick, a 19th century Englishman made famous by the play, *The Elephant Man*, VRNF affects more than 100,000 people in the U.S. alone. One person in every 3,000 has some form of the disease, though the symptoms vary widely from brown patches on the skin (café au lait spots) to multiple tumors and other disorders. Surgery is the only treatment in extreme cases to remove internal tumors that may press against nerves. Surgery is rarely performed for cosmetic purposes, since it too can be disfiguring. There is no cure for the disorder.

"The discovery of genetic markers linked to NF dramatically enhances our prospects of identifying the defect that

continued on page 2

Nursing and Clinical Administration join forces

"We are now truly 'Partners in Caring.'"

That is how David Catalano, Director of Clinical Administration, describes the new relationship between his staff and the Department of Nursing.

Effective June 1, Clinical Administration officially became part of the Department of Nursing.

This reorganization is not new to the MGH. In fact, Clinical Administration was part of Nursing up until the late 1960s when it became a separate entity.

"Clinical Administration has always worked side-by-side with Nursing," noted Mr. Catalano. "So this is really an opportunity to open doors and walk through them together instead of one at a time. With so many changes in health care, it also makes good sense to address those issues in a collaborative way to produce the most positive results."

Patti Rager, RN, previously a Staff Specialist in the Department of Nursing, has been appointed to direct the operations of this merger.

"The increased communication between us should create an even more supportive environment for our patients, their families, and our staff members," remarked Ms. Rager. "We already work in collaboration with Clinical Administration, and we're looking forward to the opportunities created by this change."

Members of Nursing and Clinical Administration say they're excited about the merger. As Associate General Director and Director of Nursing Yvonne Munn put it, "This change will foster and enhance the mutually supportive relationships so necessary to promoting excellence in patient care."



David Catalano and Patti Rager (both left) join hands as the newest partners in caring, with members of Clinical Administration looking on.



At White House ceremonies announcing the Cushing stamp, Dr. Robert G. Ojemann, an MGH neurosurgeon and President of the American Association of Neurological Surgeons, presented a Steuben bowl to President and Mrs. Reagan in the Oval Office. At right is Dr. Cushing's daughter, Mrs. John Hay Whitney.

Pioneer doctor honored

A former intern at the MGH who would later change the face of medicine forever will soon have his own face on a postage stamp.

Dr. Harvey Cushing, often referred to as "the father of modern neurosurgery," has been honored by the U.S. Postal Service.

In ceremonies at the White House on April 8, President Reagan announced that the stamp will be put into circulation sometime next year. It has not yet been determined what denomination the stamp will carry.

The campaign to have a commemorative stamp honoring Harvey Cushing was spurred by the American Association of Neurological Surgeons, under the presidency of Dr. Robert G. Ojemann, Visiting Neurosurgeon at the MGH. This association was originally formed in 1931 as the Harvey Cushing Society.

"Our organization has felt that this honor for Dr. Cushing was long overdue," said Dr. Ojemann. "He was a man of many talents. Besides being a pioneer in clinical neurosurgery, he was an outstanding scientist, an



Harvey Cushing made his mark on medicine as a young house officer at the MGH.

accomplished artist, and a Pulitzer Prize winning author."

Born April 8, 1869 in Cleveland, Ohio, Harvey Cushing earned his bachelor's degree from Yale in 1891 and entered Harvard Medical School. His record there was so outstanding that immediately after graduation, he was appointed a house officer at the MGH.

While at the MGH, Dr. Cushing and his friend Amorv Codman were credited with introducing the practice of checking a patient's vital signs at regular intervals during surgery and developing the first anesthesia record.

From the MGH, Dr. Cushing went to Johns Hopkins, where he did outstanding work in general surgery and later in neurosurgery. In 1912, he returned to Boston to join Harvard Medical School as the first Moseley Professor to head the Department of Surgery at Peter Bent Brigham Hospital (now Brigham and Women's). He was particularly known for his work with the pituitary gland and with brain tumors.

In his later years he returned to Yale to teach medical history and complete many writings, including his classic text on meningiomas, tumors in the coverings of the brain.

He died in 1939 at the age of 70.

Joining Dr. Ojemann and other invited guests at the White House ceremony was Dr. Cushing's daughter, Mrs. John Hay Whitney.

Dr. Cushing is one of the few physicians ever honored by the U.S. Postal Service. He joins Dr. Paul Dudley White whose commemorative stamp was issued last year.

Life-style

In case you haven't noticed, the landscape is green once again.

But don't be fooled by the pretty color. Danger can be lurking in the foliage if you're not careful.

Among the most common afflictions suffered by people during the summer months are those following contact with poison ivy and poison oak.

Poison ivy is an allergic response to direct contact with the resin or oil that coats the leaves of the poison ivy or poison oak plant. More than 70 percent of the population is susceptible to developing the poison ivy rash or becoming sensitized after repeated exposures to the oil of the plant. The poison ivy rash appears as a group or line of tiny blisters.

If you've never had poison ivy before, it may take from 5 to 21 days for the rash to appear. Subsequent exposures may produce the rash in anywhere from 6 hours to 3 days. The rash may last from 1 to 3 weeks.

The rash is produced as a result of direct contact with the oil of the plant. Scratching the area of contact and touching other parts of the body will spread the oil within the first 10-20 minutes after exposure.

The reason why some people can continue to break out with the rash days after the initial exposure is because the oil can remain active for an indefinite period of time on clothes, shoes, or animals. Also, different areas of the body react more slowly, depending on the thickness of the skin at the point of contact.

Since poison ivy is an individual allergic response, it is not contagious to others at any time.

How do you recognize poison ivy?

The leaves are three-parted and long stalked. The end leaflet has a longer stalk than the ones on the side and has a pointed tip. Young or dying leaves may have a reddish color.

With poison oak, the leaves are also

three-parted and long-stalked. But the leaflets are blunt-tipped and hairy on both sides. They may look somewhat like oak leaves.

If you come in contact with poison ivy, you can wash the oil from the skin within 10 to 20 minutes after contact with the plant. Calamine lotion and anti histamines can be helpful in reducing the itching. Burrow's solution, an over-the-counter powder dissolved in cool water, can be used for compresses to the rash.

Once the blistering has decreased, a topical steroid cream prescribed by a physician can reduce redness and itching. If severe swelling or an extensive rash exists, you should consult a dermatologist.

You may be itching to get involved in outside activities this summer, but be careful to make sure you're not itching afterwards.

If you do want to get involved in physical activity this summer, the employee exercise program may be a good place to start.

Even if you feel too old, too out-of-shape, or believe that exercise just isn't your thing, the program can make you look and feel better.

On Monday, Wednesday, and Friday, from 1-2 p.m., there is a Stretch and Tone class that utilizes some basic low impact techniques to help firm muscles and strengthen the cardiovascular system.

The regular Monday through Friday classes at noon and 5:30 provide a combination of high and low impact aerobics. In addition, the Wednesday 5:30 class offers a degree of conditioning for outdoor sports.

There are change areas, showers, and a safe aerobic floor for exercising. At \$3.00 a class, it's the best deal around. So join us for a summer of looking and feeling better.

Markers

from page 1

causes the disorder," said Bernd R. Seizinger, M.D., of the MGH Neurogenetics Laboratory and principal author of the MGH study. "We can now search for additional markers that may be more tightly linked to or flank the disease gene. With that knowledge, we should ultimately be able to develop accurate prenatal and presymptomatic diagnostic tests."

The cause of NF is unknown, but Dr. James F. Gusella, Director of the Neurogenetics Laboratory and senior author of the paper, said that scientists speculate that it may relate to basic mechanisms controlling growth and differentiation during development of the nervous system. The disease affects all races and strikes men and women equally.

Ultimately further research could lead to a treatment or even cure.



Membership in the MGH branch of the Harvard University Employees Credit Union (HUECU) is nearing the 6,000 mark, the largest of any branch. Here, MGH employees and Credit Union directors Patricia Bowler and John Donovan (left) take the opportunity to congratulate the HUECU staff in their Clinics 1 office.

A White wedding

They exchanged vows and rings amid the traditional flowers, decorations, and cake. A typical wedding, right?

Typical, except that the setting for this ceremony was Room 514 of the MGH's White Building.

On Wednesday, May 20, shortly after 7 p.m., Harold Leate and Corinne Nichols, both of Sudbury, became husband and wife in a brief ceremony performed by Reverend Carl Scovel of King's Chapel.

Incidentally, the chaplain's wife Faith is employed in the Warren Library.

Mr. Leate, an MGH patient for several weeks, had originally planned to be married following his discharge from the hospital. However, he and his fiancé—at the last minute—decided not to wait but have the ceremony right

here in the hospital.

Because of Mr. Leate's condition, the wedding took place in his room, attended by family members and some MGH staff.

Muffy Lutzin of Recreational Therapy supplied the decorations and took photographs, the bride's daughter brought the cake, and the White 5 nurses threw the confetti.

"We tried to make it as festive as we could," remarked Ms. Lutzin. "I'm sure they would have preferred a little different surrounding, but I know they enjoyed themselves."

Needless to say, the couple will enjoy themselves even more once Mr. Leate is discharged and they can finally begin their honeymoon.



Among those who attended the wedding of Harold Leate (left) and Corinne Nichols (seated) were White 5 unit secretary Caroline Hoover and nurses Patrick Gurry, Janice Quinn, and Florrie Bothwell.

In General

The MGH has now passed the 100 mark in fragmenting kidney stones by laser. Urologist **Dr. Stephen P. Dretler** reported at the annual meeting of the American Urologic Association in Anaheim, California that of 105 laser treatments performed at the hospital, only two were completely unsuccessful in fragmenting the stone. The procedure has virtually eliminated the need for surgery on stones located in the ureter. Approved for patient care by the Food and Drug Administration in December 1986, the laser procedure, which originated at the MGH, is now being performed at about a dozen medical centers in the U.S.

Dr. Deanna Pearlmutter, Director, Surgical and Psychiatric Nursing Services, was the guest speaker at Nurse Recognition Day ceremonies at Lawrence Memorial Hospital in Medford. Dr. Pearlmutter's talk was on "*Positive Strokes for Important Folks*." In addition, Dr. Pearlmutter recently presented a workshop with **Ms. Marie Robinson**, M.S.W., formerly of the MGH Social Service Department and currently at McLean Hospital, at the annual meeting of the American Orthopsychiatric Association in Washington D.C. Their topic was "*Families Reborn: Care Providers and Recipients in the Acute Care Hospital Setting*."



The observance of National Laboratory Week at the MGH earlier this spring gave technicians a chance to point out the latest advances in lab technology.



More than \$600 was raised at the recent Warren Library book sale. Considering that the most expensive hardcover was 50¢, that's a lot of reading material sold in a few hours!

Dr. Arthur J. Sober of the Department of Dermatology was the guest speaker at a symposium sponsored by the American Academy of Dermatology. The subject was "*Making Children and Adolescents Sun Smart: The importance of Sun Protection*." Dr. Sober spoke about childhood sunburns and melanoma. Also addressing the group was **Dr. Michael Jellinek**, Chief of Child Psychiatry at the MGH. He spoke on the challenges of adolescent psychology and risk-taking behavior.

Dr. Charles Krauthammer, a former Chief Resident in Psychiatry at the MGH, has won a 1987 Pulitzer Prize for Commentary. After completing his residency, Dr. Krauthammer went to Washington to direct planning in psychiatric research at the National Institutes of Health. He has remained in

the nation's capital to become a full-time political journalist and social commentator. His weekly column is published in the *Washington Post* and is now nationally syndicated in more than 50 cities.



Rachel Brown of Environmental Services gets a friendly greeting at her retirement party last month.

Sun shines on softball season

The sky was blue, the field was dry, so it was time to let the games begin—at long last.

The 1987 MGH softball season finally got under way on Friday, May 22, following a series of postponements due to bad weather.

The weather, however, has resulted in an abbreviated regular season schedule, which will end on July 31, followed by the playoffs in August.

Last year's champ the Electric Shop will be out to defend their title against teams from the Carpenter Shop, HVAC, Personnel, and X Ray.

The new season began with the first ball being thrown out by Dr. George P. Baker, Associate General Director, who stayed to watch the first two games won by the Electric Shop and Personnel.

After nine months of inactivity, the players were obviously happy to get back into action. And Dr. Baker expressed the hope that this spirit might carry over to the rest of the work week. As he put it, "How can you get upset at someone on Monday morning, when he drove you in from second base the Friday before?"



The Carpenter Shop carved out an early lead only to see Personnel employ a string of hits to produce 24 runs in their opening game.



The bubble didn't burst for members of the Electric Shop, who struck early and often to defeat X Ray.

Arm

from page 1

moment was lost, at least for a little while.

"The first time I realized how important it was when I read the newspaper," said Mr. Knowles, now 37. "Before then, I really didn't understand what was happening. When I came into the hospital, I remember thinking that all they'd have to do was glue my arm back on, and everything would be fine."

Unfortunately, it was not that easy. Nothing is ever as easy as it may look. Mr. Knowles indeed learned that lesson the afternoon of Wednesday, May 23, 1962.

Young "Red" Knowles was on his way home from Northeastern Junior High School in Somerville, where he attended seventh grade.

Situated just a few blocks from the school were train tracks on which freight cars slowly ground their way past Gilman Square.

For boys Everett's age, hopping trains was a common practice, even though many a parent and school official tried to do everything possible to stop it.

But for a child approaching adolescence, the temptation for adventure was often too great. It was for Everett.

Shortly before 2:30, the right-handed Little League pitcher decided to tempt fate. A few seconds later, fate had won.

With his right arm now severed just below the shoulder, the boy was rushed the 2.9 miles to the MGH Emergency Ward. It was about 3:00 p.m. when the decision was made to go ahead and attempt a replant.

Eight and a half hours later, Dr. Malt and his team had finished their work for the night in Operating Room 5 of the White Building. Now it would be a matter of time to see if they had succeeded.

In 1987, the answer is no longer in doubt.



The trains still grind along the same tracks in Somerville where Everett Knowles' right arm was severed in 1962.

Everett Knowles not only still has his right arm, but it continues to function well.

"It's never stopped me from doing anything I've ever wanted to do," said Mr. Knowles, who even participated in racing cars until 1978.

Recalling some of the events of a quarter of a century ago, Mr. Knowles acknowledged that being the first to successfully have a severed arm replanted was "fun."

"I had a lot of attention," he said. "I also got a lot of support, especially from the people at the hospital. They were all great. It kept my mind off other things."

Mr. Knowles also recalled the long hours he spent as an inpatient and an outpatient in Physical Therapy.

"I remember Miss Ionta and Miss Ahearn," he said. "I'm probably forgetting the names of others. But I wouldn't be where I am today without them."

But it wasn't just the physical pain Everett Knowles would have to endure over the years immediately following his surgery. As he would soon discover, fame sometimes has its price. And the Somerville native indeed paid for his.

"The publicity did get to me after a while," he admitted. "The newspapers followed every move I made. It got to me after a while. I did do a few things that got me in trouble. But it wasn't as bad as the press said they were. There were times I thought that maybe instead of being the first, it would have been better to be the 35th."

Dr. Malt is now a staff surgeon at the MGH and Professor of Surgery at Harvard Medical School. The Northeastern Junior High School is now a condominium. But trains still pass under the Medford Street overpass in Somerville. And young boys who have never heard of Red Knowles still occasionally look to them for a free ride.

For his part, Mr. Knowles spends most of his time these days earning a living. "I'd like to own my own business someday," he remarks.

But while he looks to the future, his right arm will always be a reminder of the past. And so will the MGH.

"Mass. General was like home to me," he stated. "The people there treated me like family. It's the greatest hospital in the world."

And Everett Knowles also has some advice for others who may someday have to face a situation similar to the one he did after the accident.

"Don't let anything stop you from doing what you want to do," he stated. "It's also important not to give up. No one gave up on me, and that's what got me through."

Although he and Dr. Malt's surgical team combined to do something that had never been done before, Everett Knowles doesn't see himself as being any hero.

"I'm busy working every day," he said. "I'm just like everybody else."

Except he was the first to give his right arm to medical history...and got it back.

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William E. Walch, *Vice President for Resource Development and Public Affairs*

Martin S. Bander, *Director of News and Public Affairs*

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MGH **HOTLINE**

25 June 1987

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Bulfinch 1, Extension 2206

A changing structure for a changing technology

At the MGH the efforts of over a thousand people and nearly \$70 million a year are devoted to research sponsored by industry, foundations, and the federal government.

The growth and complexity of this effort has led to the creation of the new Office of Research and Technology Affairs (ORTA) in the MGH.

Headed by Dr. Ronald W. Lamont-Havers, Vice President for Research and Technology Affairs, the unit will assume the responsibility of administering these activities within the Massachusetts General Hospital Corporation, the parent corporation for this hospital, Spaulding Rehabilitation Hospital, and the Institute of Health Professions.

In addition, ORTA will examine policies and procedures, as well as analyze and report on research resource requirements, trends, and strategies.

Under the new restructuring, a Division of Research Affairs will function in place of the former Research Office for MGH-based researchers.

Diane Gilbert, formerly of the Department of Medicine, will assume the new position of the Special Assistant for Planning and Analysis for ORTA and for the Division of Research Affairs.

Functions related to patenting and licensing of technology and to the sponsorship of MGH research by industrial organizations, as well as related issues, will be the responsibility of the new

Office of Technology Affairs (OTA) within ORTA. Mr. Marvin C. Guthrie will serve as Director of OTA having served the corresponding function for the General Hospital since 1979.

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Institute President resigns

Dr. Stephen N. Collier has announced his resignation as President of the MGH Institute of Health Professions, effective July 1.

Dr. Collier, appointed the first President of the Institute in 1985, will continue to hold the John Hilton Knowles Chair in the Institute for the next year.

In announcing his resignation, Dr. Collier acknowledged many achievements and the substantial progress made by the Institute in recent years. "With excellent students, a dedicated faculty, and having achieved financial stability, the Institute should have a bright future," he said.

Dr. Alan Jette, Director of the Institute's program in Physical Therapy, will serve as Interim President. A search committee has been formed to find a successor to Dr. Collier.



A somewhat different view of a traditional event at the MGH—the daily 4 o'clock mass being celebrated in the Chapel. Here, Father Michael McElhinny presides over the liturgy. Photograph was taken in an opening of a stained glass window on the second level.

Even broken hips keep them together

The patients who were wheeled into Bigelow Room 530 within a couple of hours of each other needed no introduction.

In fact, they had known each other for quite a while—67 years in all. That's how long Louise and Carl Cirignano have been married.

But being hospitalized at the same place at the same time is only one of the

coincidences surrounding the couple's arrival at the MGH the night of May 26, bringing new meaning to the word togetherness.

The Cirignanos, both 87, were about to sit down to dinner in their North End apartment when Mr. Cirignano suddenly lost his balance and began to fall. His wife, standing close by,

continued on page 3



The MGH may not provide all the comforts of home, but for Louise and Carl Cirignano, at least there was a familiar face at mealtime.

Account for your money without going to bank

The Direct Deposit Plan, a service that will allow weekly paid employees to deposit their pay into a checking or savings account without going to the bank, will be operational by the first week in August.

A Direct Deposit Plan brochure with an authorization form attached was mailed to the home of every weekly paid employee on the first of June. First, the authorization form has to be completed and signed by both the employee and an official of his/her bank. Then the form must be returned to the MGH Payroll Office to begin the service. Very simple.

Employees who complete and return the authorization form to the payroll office by today's (June 25) deadline will be able to receive direct deposit service as early as the first week in August. Of course, it is possible to subscribe to Direct Deposit at any later date if that is desired. It will usually require about four weeks for the service to begin once the authorization form has been submitted.

By participating in Direct Deposit, your weekly pay will be deposited automatically in your bank account. You don't have to change banks or worry about lost or stolen checks. And you never again have to think about being away or ill on payday or racing to the bank before it closes.

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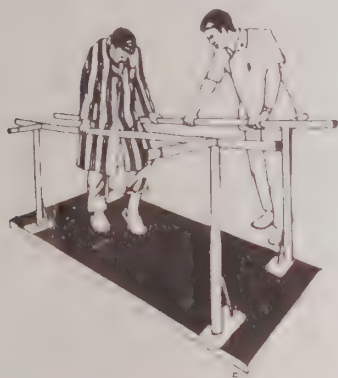
**Smart ways to quench your thirst
may be easy to swallow**
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Tying one on
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Physical Therapy for everyone

"Physical Therapy—Health Care in Motion" is the theme of National Physical Therapy Week being celebrated this week at the MGH.

Sponsored by the American Physical Therapy Association, the observance focuses attention on the contributions of



physical therapists in improving the health of all Americans.

Activities have been planned designed for employees to get fit for the summer while enjoying better health throughout the year.

Stretching classes are being held each day this week at 7:30 a.m. on the Bulfinch Lawn. In addition, a "Walk for Fitness" will be held today (Thursday) beginning at 11:45 a.m. from the Bulfinch Lawn and proceeding along the Charles River.

The Physical Therapy Department welcomes the opportunity to educate employees about fitness, general health care, and conditioning programs.

For more information about P.T. programs, call Kris Dodge at Ext. 2962, or stop by the P.T. Department on Wang ACC 1.

Life-style

Summer has arrived, and as early as the last weekend in May we got a feel for what may be in store for us in the next few months—hot weather!

In weather like this we usually think of two things to help us stay cool (besides a dip in the pool)...cold drinks and ice cream. But if you're not careful, staying cool this summer could have an undesirable effect on your waistline.

Even though any cold beverage you consume is made up mostly of water, some have a surprising number of calories. Many fruit juices, though nutritious, are actually fairly high in calories, especially if you drink them in large volumes. An eight-ounce glass of grape juice, for example, has as many calories as two slices of bread and is actually higher in calories than a 12-ounce can of most regular soft drinks.

Diet soft drinks are not necessarily the answer if you usually drink large amounts of them. There is evidence that aspartame (the artificial sweetener used in almost all diet soft drinks) may actually increase feelings of hunger. You may take in fewer calories in the beverage, but that won't be much help if you end up overeating.

Alcoholic beverages can also be deceiving. All "light" beers are not significantly lower in calories than

regular beers. For example, a Michelob Light has 134 calories, only two to five calories less than many regular beers. Read and compare labels to be sure you're getting a light beer that's really lower in calories.

Wine has always enjoyed the reputation of being lower in calories than beer. That's really because of the typical volumes in which each is consumed. A 3.5-ounce (average) glass of white wine has about 80 calories, a 12-ounce bottle of Budweiser beer has 150 calories. You can really lower the caloric impact of wine by having a wine spritzer—wine mixed with club soda or seltzer, neither of which has any calories. Be careful about the new, popular wine coolers, however, since many of them are loaded with calories.

The best bet to keep cool this summer is to make sure the beverages you consume in large amounts are no calorie or very low calorie ones. Since we still need a lot of fluids in hot weather, try good old ice water with fresh lemons or limes sliced into it. Most of the bottled spring waters now come in a variety of flavors, are quite refreshing, and are calorie free!

Next issue—the search for an ice cream alternative.



Some days it's even hard to find a parking space at the MGH if you drive an ambulance.

A party and a parting

A combination birthday party and bon voyage toast highlighted special festivities held at Halcyon Place on June 9.

The birthday was for Halcyon Place, itself. Now two years old, the house, situated at 27 Commonwealth Avenue in Boston, has been a home away from home for more than 800 families since it opened.

The bon voyage was for Dr. John T. Truman, Chief of Pediatric Hematology Oncology. Dr. Truman, a major force in making the dream of Halcyon Place a

reality, will be leaving shortly on a year's sabbatical in England.

Among those on hand to wish Dr. Truman well was 16-year-old David Terry, who was cured of leukemia several years ago. David's mother, Deborah, was one of the early supporters for Halcyon Place, cofounded by Barbara Dillon and Sheila Brown.

Housed in a building owned by the MGH, Halcyon Place is supported by fund-raising efforts of its members and by nominal fees.

Rooms with a view

A new facility to accommodate the families of hospital patients is now available near the Charles River.

The John Jeffries House consists of 17 guest units, consisting of studio and one-bedroom apartments. Situated at 14 Embankment Road adjacent to Charles Circle, the building will be used by guests of the Mass. Eye and Ear Infirmary, as well as the MGH, Spaulding Rehabilitation Hospital, and the Shriners Burns Institute.

Each unit is equipped with a kitchenette, including a stove, oven, refrigerator, and sink. Also included are cookware and utensils. In addition, every unit has a full bath, color television, telephone, and an individual climate control system.

The Jeffries House also has a common room that serves as a lounge area

for guests. This room has a view of the Charles and includes couches, chairs, and a fireplace.

Room rates range from \$65 a day for a single room to between \$100 and \$120 a day for a deluxe one-bedroom apartment. Monthly rates are also available.

Discount parking is being offered to guests at the Charles Street Garage, adjacent to the residence.

And don't forget the Beacon House, opened nearly four years ago, is also available to families of MGH patients, and Halcyon Place is open to families of pediatric patients.

For more information about the John Jeffries House, Beacon House, or Halcyon Place, please call the MGH Social Service Department at Ext. 2601.



The John Jeffries House is conveniently situated at Charles Circle near the Mass. Eye and Ear Infirmary and the MGH.



There are some things in life people won't take lying down, but sunshine on the Bulfinch Lawn isn't one of them.

In General

The MGH will take part in a \$10 million research study, the largest study ever to combat Parkinson's disease. Awarded by the National Institute of Neurological and Communicative Disorders and Stroke, the five-year grant will be divided among 28 centers. The MGH will be the only center in Massachusetts participating. **Dr. John H. Growdon**, Director of the Movement Disorders Unit and coordinator of the MGH study, said that to participate in the study he is seeking untreated patients with Parkinson's disease who have not received standard anti-parkinsonian therapy. **Drs. Stephen Fink** and **George Uhl** will assist Dr. Growdon. Parkinson's disease is a progressively disabling neurologic disorder that is linked to the failure and death of certain nerve cells that produce a substance called dopamine in the brain. The physical symptoms include slowed movements and walking, tremor or shaking, stiffness, difficulty in writing, stooped posture, and unsteady balance. Patients wishing more information about the MGH study can call Susan Atamian, R.N. at Ext. 1610.

The Basic Radiation Protection Summer Course for Laboratory and Hospital Personnel will be offered beginning July 14. Classes will be held Tuesdays and Thursdays, from 3-5 p.m., in Room 380 of Ruth Sleeper Hall. The course provides basic information about radiation safety, nuclear physics, radiation biology, nuclear instrumentation, and dosimetry. These four two-hour lectures are intended for those desiring a general introduction to the field and satisfies MGH and NRC Safety Committee requirements. CE credits are also available. To register, please call Dr. Frank Castronovo, Jr., Radiation Safety Officer, at Ext. 2425.

The summer edition of the City Book is now available for 25¢ while supplies last in Personnel Records on Bulfinch 2.

Just a reminder that MGH T-shirts are still available in the Volunteer Department, Gray 1. The price is \$3.00 for one shirt or \$5.00 for two. The money will go to Volunteer programs.

For the upcoming July 4 holiday, the following holiday policy applies:

*"Section 2, Paragraph G
If a holiday falls on a regular day off, a department should employ one of the following options:*

1) Holiday is shifted to closest work-day, and employee is granted that day off with holiday pay. For example, employees on a regular Monday through Friday schedule, a holiday which falls on Saturday will be observed on Friday and a holiday which falls on Sunday will be observed on Monday.

OR:

2) Employee takes regularly scheduled day off but receives straight-time holiday pay for that day."

If you have any questions regarding this policy, please contact the Employee Relations Office at Ext. 5139.

The MGH was indeed in the spotlight at the annual meeting of the Society for Hospital Social Work Directors of the American Hospital Association, held last month in Orlando, Florida. **Barbara Berkman**, Professor and Director of the Social Work in Health Care Program at the MGH Institute of Health Professions, was among five outstanding hospital social work leaders honored. Dr. Berkman was cited for her many contributions to the field through her writing, through her work as editor-in-chief of *Social Work and Health*, and as a consultant to 12 hospitals. In addition, **Evelyn Bonander**, Director of the Department of Social Service, presented a workshop entitled, *"Activist Agendas for the 80s."* **Barbara Buckley**, a supervisor in social work, helped conduct a workshop on the care of people with AIDS, and **Nat Butler**, Associate Director, presented a report on hospital-affiliated life care communities. Also at the meeting, awards were presented in the names of **Ida M. Cannon** and **Eleanor Clark**, former Directors of Social Service at the MGH.

Ethics specialist named

Dr. Ruth Bryant Purtilo has been appointed the Henry Knox Sherrill Professor of Ethics at the MGH Institute of Health Professions and Ethicist-in-Residence at the MGH, effective October 1.

The Sherrill Professorship is an endowed Chair established in memory of the late Rev. Henry Sherrill, former Presiding Bishop of the Protestant Episcopal Church and former Chairman of the MGH Board of Trustees as well as Chairman of the Trustees' Advisory Committee on Research and the Individual.

As holder of the Chair, Dr. Purtilo will design and teach ethics courses as they relate to health care delivery, develop mechanisms to provide academic and clinical support for highly qualified professionals seeking expertise in bioethical research and consultation with a clinical focus, and conduct and promote scholarly activities and research on ethics in health care settings.

As Ethicist-in-Residence, she will provide consultation on ethical issues confronting the hospital's professional and administrative staff.

"The Sherrill Chair presents a great



Dr. Ruth Purtilo will be involved in ethical issues at the MGH and the Institute beginning this fall.

opportunity...to proclaim and demonstrate the importance of bioethics in contemporary biomedical thinking and practice," said Dr. J. Robert Buchanan, MGH General Director.

Dr. Purtilo holds a Ph.D. with a focus in Ethics from the Graduate School of Arts and Sciences at Harvard. She is currently Professor and Chairperson of the Department of Medical Jurisprudence and Humanities at the University of Nebraska Medical Center.

Together

from page 1

attempted to catch him, but in so doing, lost her balance as well. Both landed on their left sides, breaking their left hips.

They were rushed to the MGH, where Mr. and Mrs. Cirignano were operated on—one right after the other—by Dr. Jonathan Deland of Orthopaedic Surgery.

Since the couple was being treated for the same injury, it seemed to make sense that they be allowed to stay in the same semiprivate room. In addition, it was felt that being together would even help their recovery, while allaying concerns of one about the condition of the other.

So if you happened to walk by the corridor of Bigelow 5 recently and noticed a man and a woman as patients in the same room, now you know why.

"It has made it easier on the family," added Aurora Tarantino, one of the

couple's daughters. "In this way, we could visit both of them at the same time without worrying about one being here and the other being someplace else."

While the arrangement has worked out well for the Cirignanos, it did cause some concern at first on the part of the nursing staff.

"It was definitely positive from a family support point of view," explained Jinja Rosendahl, R.N. "But by being together, they saw each other's pain. Since they were on different medications, we also had to be especially careful who was getting what. But on the whole, it worked out well."

So the couple who fell in love more than a half a century ago, survived falling for each other again...this time with the help of the MGH.



Just in case Tony Giarrusso (left) didn't have reason to smile at his recent retirement party, Stephen Kauffman, Assistant Director and Director of Operations, did not pass up the chance to give him one. Mr. Giarrusso, Manager of Maintenance, was honored by many colleagues and friends for his 33 years of service to the hospital.



Ceremonies were held on May 29 to honor Dr. Alexander Leaf, former Chief of General Medical Services. A portrait of Dr. Leaf was unveiled, taking its place alongside other major figures in the history of medicine at the MGH. Among those paying tribute to Dr. Leaf were Mr. Lawrence E. Martin, Associate General Director; Dr. Homayoun Kazemi, Dr. John D. Stoeckle, and Dr. Stephen M. Krane. Here, Mr. Martin (left) and Dr. Leaf view the work of art. Dr. Leaf was Chief of Medicine for 15 years. He is currently Director of the MGH/Harvard Cardiovascular Health Center.

Technology

from page 1

Dr. Ronald S. Newbower has been appointed Director of Technology Development for OTA. In this new role, Dr. Newbower, formerly Director of Biomedical Engineering, will focus particularly on identifying and fostering promising opportunities for the MGH in the area of technology development and transfer.

Technology development refers to the process by which an idea develops from the promising concept stage to the point when a product can be successfully produced.

"We have to try to identify the best opportunities to bring technological innovations into the hospital in order to meet our needs," Dr. Newbower said. "This means identifying MGH innovations that have a commercial potential as well as developing good relations with the right kinds of industrial partners who can effectively produce a resulting product, or who can bring useful innovations to us."

"While we are certainly surrounded by recent examples of dramatic technological innovations, we need a continuing infusion of innovation to keep pace with changing needs in medicine, while offering us efficiency and cost savings in the delivery of health care services," Dr. Newbower asserted. "Prototypes must be developed that will eventually lead to the production of new technology—developing new success stories."

But Dr. Newbower acknowledged that this sort of success, while the ultimate conclusion of any applied research project, is no easy task.

"It's important to be selective," he noted. "We must anticipate what the needs will be in future years, keeping in mind that coming up with a new idea too early can be just as much of an obstacle to successful technology transfer to industry as coming up with it too late. So timing is everything."

MGH researchers are also increasingly sensitive to the issue of costs.

"I think we ought to be able to use

technology to improve the way we do old things as well as to allow us to do new things," asserted Dr. Newbower. "What we are involved in is really aimed at making a hospital visit less costly for the patient. We also hope to generate revenue for the hospital from MGH innovations which can find commercially successful use elsewhere. This will allow the MGH to remain at the forefront of providing optimal service." The income generated can be used to make up some of the losses being suffered from new governmental regulations.

While the primary focus of Dr. Newbower's attention is on things that are new, he and other researchers recognize that it is just as important to follow a practice that is quite old.

"Technology is not something that should interfere with the personal relationship between a doctor or nurse and the patient," he remarked. "Health care should be aided by technology, not frustrated by it. And we hope never to lose sight of the importance of human interaction and emotional support in health care. Even the best technology in the world wouldn't be very effective without them."



Marvin Guthrie (left), Dr. Ronald Lamont-Havers, and Dr. Ronald Newbower (right) will be looking at ways of having the MGH remain in the forefront of research and technology.

Psychiatry ties Bulfinch to anniversary

Who says the Bulfinch Building isn't worn out?

Certainly not members of the Department of Psychiatry, who have been wearing the building out in public quite a lot in recent weeks.

The MGH's most historic structure is now on a necktie produced by Psychiatry in conjunction with the department's 50th anniversary a couple of years ago.

Dr. Thomas P. Hackett, Chief of Psychiatry, came up with the idea of using the building on a tie as well as on publications produced for the 50th anniversary. Dr. James Groves, an MGH psychiatrist, coordinated the tie's manufacture.

"We felt the Bulfinch Building was most appropriate since it's where our department is based," said Dr. Groves. "And the design we came up with seems to combine a contemporary look with a traditional one dating from 50 years ago."

Dr. Groves credits Stan Bennett,

Director of the MGH Photography Lab, with helping to refine the Bulfinch design.

"He was fantastic," said Dr. Groves of Mr. Bennett. "I brought down a picture, and he spent a lot of time with me to create the exact look we wanted. He also gave me a great deal of support."

When the image was

perfected, Dr. Groves brought it to Brooks

Brothers, the clothier that supervised the manufacture of the necktie.

"We went to them because we knew they could produce

a custom-made all silk tie for less than \$50,"

explained the

psychiatrist.

Approximately

10 dozen

ties were

delivered

this month to the Department of Psychiatry, and more may be on the way. They are available in three colors: blue, burgundy, and teal green.

"They are what you would call 'club' ties," noted Dr. Groves. "That means they are basically recognizable by members of a particular

organization—in this case, our department. But I think others in the hospital would be able to tell it's the Bulfinch."



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MGH helps diagnosis enter computer age

Through the efforts of MGH scientists, a computerized tool has been developed to aid physicians in their diagnosis and clinical decision-making.

Called DXplain, the program was created in the MGH Laboratory of Computer Science, headed by Dr. G. Octo Barnett, with the support and cooperation of the American Medical Association (AMA).

The system was unveiled on June 22 at the AMA's annual meeting in Chicago. American Medical Computing, Ltd., a subsidiary of the AMA, and SoftSearch, Inc., announced that the on-line computer program is the first of its kind to be offered on a nationwide information network.

One of the major assets for what the AMA called this "dynamic new tool" is that it requires no computer expertise. On-line assistance eliminates the need for a user manual. To use DXplain, a physician needs nothing

more than a personal computer or terminal with telecommunication capabilities and a phone line. Once on-line with DXplain, the physician builds a clinical case description by entering pertinent manifestations (signs, symptoms, lab data).

Based on this information, DXplain presents the physician with a ranked list of diseases which should be considered as possible candidates to explain the presence of the signs and symptoms.

In addition, DXplain has the ability to explain why a specific disease is being considered or excluded, noting whether a disease is common or rare, and providing an on-line textual summary of any disease presented.

DXplain understands more than 4,700 terms based on clinical and laboratory data. Its database contains 2,000 diseases and uses over 65,000 disease-term relationships.

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Members of the Laboratory of Computer Science hope doctors will find DXplain a useful tool in helping to diagnose illness and disease. (Standing left to right) Dr. G. Octo Barnett, Ms. Kathleen Famiglietti, and Dr. John Hupp. Seated is Dr. James Cimino.

Working at filling jobs

Most of the sounds being heard around the MGH these days are from construction. But not all.

If you happen to walk along Bulfinch 2 someday, for example, and you listen very carefully, you might hear a little different sound...like something knocking.

It could very well be opportunity.

But even if you don't hear it, you can certainly see it. All you have to do is walk over to the Job Posting board in the Employment Services Office.

In case you haven't heard, it's an employees' market. In Massachusetts—a state with one of the lowest unemployment rates in the country—there are more jobs to be filled than there are people to fill them. This situation is even more pronounced in the health

care profession.

As a result, hospitals are going all out to hire people for vacant positions. The MGH is no exception. The Employment Services Office of Human Resources is in high gear trying to develop new ways to attract qualified candidates.

"But besides hiring new people, we are trying to do everything we can to encourage our existing employees to look for new opportunities inside instead of outside the hospital," declared Kathy Rice, Assistant Director of Human Resources, responsible for Employment, Employee Relations, and Training and Development. "There are plenty of opportunities for all employees if they

continued on page 2



Graduating students at the MGH Institute of Health Professions prepare to take the first steps in the field of health care.

Congratulations, Class of '87!

Thirty-three graduate students in Dietetics, Nursing, Physical Therapy, and Social Work received degrees, diplomas, and certificates at the seventh graduation ceremony of the MGH Institute of Health Professions, held June 19 on the Bulfinch Patio.

Dr. Ruth B. Purtilo, recently named Ethicist-in-Residence at the MGH and presently Chairperson of the Department of Medical Jurisprudence and Humanities at the University of Nebraska Medical Center, was the keynote speaker.

Degrees were presented by Dr. Stephen N. Collier, President of the Institute. Diplomas and certificates were presented by E. Lorraine Baugh of the

MGH Board of Trustees; Dr. Mary Carey, Director of the Graduate Program in Dietetics; Dr. Elizabeth M. Grady, Director of the Graduate Program in Nursing; Dr. Alan M. Jette, Director of the Graduate Program in Physical Therapy; and Dr. Barbara Berkman, Director of the Social Work in Health Care Program.

A reception for the graduates and their families followed in the Wang Ambulatory Care Center.

Students find a home with the homeless

While most of this year's graduates of the MGH Institute of Health Professions are making plans to enter careers in health care, two students have already made a major difference in the lives of people who need help the most.

For the past several months, Ellen Fagan and Jamie O'Connor, students in the Institute's Graduate Program in Nursing, have operated a health clinic in the basement of Holy Trinity Church in Boston's South End.

The clinic, which the two students developed in February, is part of the Cardinal Medeiros Center, a daytime shelter for the city's homeless men and women operated by the Kit Clark Senior

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Senate President named Trustee



William M. Bulger, President of the Massachusetts Senate, has been sworn in as a Trustee of The Massachusetts General Hospital, the "parent corporation" which oversees all of the MGH Affiliated Corporations.

The Senate President fills a vacancy created by the retirement from the Board of Francis H. Burr, who had served as a Trustee since 1962 and as Board Chairman since 1982.

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JOB POSTING BOARD



Kathy Rice would like nothing better than to stamp "Position Filled" on all Job Board entries.

Jobs

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have the desire to move up and present themselves in a positive way."

However, she acknowledged that promoting from within often only serves to fill one vacancy while creating another. Nevertheless, she states that people familiar with the hospital often make stronger candidates than those who aren't. About half of the employees now working in Human Resources, for example, came from other hospital departments.

Describing MGH employees as "the hospital's main resource," Ms. Rice explained that the positions where the most openings exist are for nurses, radiological technologists, pharmacists, therapists, and secretaries.

There are very good jobs available in these fields," she said, "but there are openings available in many other areas, as well, especially in entry level technical or clerical jobs. Also, it's not uncommon to have someone come in to apply as a secretary and have two or three job offers by the end of the day."

While some departments are looking for people experienced in a certain field, others are willing to train personnel in order to fill vacancies.

"Hospitals like the MGH now find themselves competing with private industry for the same people," Ms. Rice explained. "Therefore, we must concentrate more of our efforts on recruitment and retention. We have to be aggressive in recruiting qualified people to fill our positions. And we have to start early, even when many future employees are still in school."

The Assistant Director of Human Resources believes the MGH may have an advantage over other hospitals in encouraging job seekers to work at the institution. She cites the benefits package, the competitive salaries offered, the many opportunities for advancement, and the reputation for excellence the hospital has enjoyed as major selling points to prospective job candidates.

"We also tell them that even though the MGH is physically large, it's a warm and caring place to work which still has a family kind of atmosphere," stated Ms. Rice. "When they've heard everything, we hope that they choose us."

However, she did point out some areas in which the hospital can go even farther in encouraging employees to come or stay here.

"We want to offer on-site skill enhancement programs in medical terminology and in word processing," she said. "We are also hoping to tailor programs in Training and Development more and more to the needs of departments within the hospital. Alternative work schedule programs are being con-

sidered, as well."

Ms. Rice added that more Job Posting boards will be put up around the hospital to make sure present employees are aware of new openings when they become available.

Despite the fact that the supply of some jobs may be greater than the demand right now, Ms. Rice indicates that there continues to be stiff competition for certain positions. "Employees still have to present themselves in the best way they can and show that they are more qualified for the new position than anyone else who has applied."

And the Assistant Director of Human Resources, who herself began her MGH career as a Dietary Aide, has some tips for those seeking new jobs. Among them are not to assume the interviewer knows everything about your present job, talk about what you do best and what you'd like to do, have an updated resume, maintain good eye contact, and make sure your appearance is clean, neat, and appropriate.

"If you feel you're ready for a new challenge," said Ms. Rice, "Human Resources always stands ready to try to help you maximize your full potential."

Some jobs closed by opening

When members of Clinical Administration began their day on June 10, there were some 30 available positions in their department. A short time later, that number was reduced by a third, thanks in large part to an open house held in the Walcott Room.

"It was the first time we had held an open house, and obviously we were very pleased with the results," remarked Ann Marie Duffy, who along with Pat Hally, both Administrative Coordinators in Clinical Administration, helped plan the event.

Yvonne Luthy of Human Resources assisted Clinical Administration in arranging for the open house.

The positions filled were assistant

Life-style

Oh, those hot summer nights! They just seem to call for a bowl of Haagen Daaz, or Steve's, or Emack and Bolio's, or...tofutti?

Lately it seems as though every summer season brings a new version of gourmet ice cream as well as an array of other frozen desserts that are marketed as being either lower in calories or somehow more nutritious.

How do they compare?

Most store brand ice creams have about 140-150 calories per half cup. In general, 40-50 percent of the calories come from fat. Gourmet ice creams, in addition to being higher priced, are also higher in calories and a lot higher in fat, as the table below indicates.

Recent alternatives to ice cream include sorbets (made from fruit purees), frozen yogurt, and tofutti. Each is very different in taste, texture, and nutritional characteristics.

Sorbets, since they are made from fruit purees, contain no fat and no

cholesterol. They are also lower in calories than regular ice cream and significantly lower than gourmet ice creams. Sorbets are a reasonable alternative to ice creams, especially for those trying to lower their cholesterol levels. But as with any dessert, you need to be careful about how much you eat. The "average serving size" for all frozen desserts is ½ cup. Most of us, however, tend to eat much more than that at one setting.

Frozen yogurt, like that offered in the Wang ACC Cafeteria, is another reasonable alternative. It has about the same number of calories as regular ice cream, but since it is made from yogurt and not cream and milk, its fat content is substantially lower. Ice milks (which taste much better these days than they did years ago) are similar to frozen yogurt in fat content and even lower in calories. Relatively little cholesterol is found in yogurt or ice milk.

Tofutti, marketed as a lactose-free, no cholesterol ice cream alternative, is an



Clinical Administration's open house provided a good opportunity for job applicants to meet members of the department.

interesting product. Tofutti contains no dairy fat (cream or milk) so it is free of lactose, cholesterol, and saturated fat. However, as the chart indicates, it has almost as much total fat and calories as gourmet ice creams. This is due mainly to added vegetable oil, which is used in place of the fat found in cream and milk. The type of fat in tofutti is theoretically better, since it is not saturated fat. However, since most of us have to worry about calories and fat, tofutti is probably not the best ice cream alternative to choose.

Whatever you decide to cool off with these summer nights, remember the benefits of moderation and consider how often and how much you eat. Also try to occasionally use fresh fruits (watermelon is a great one) and ice water or other low-calorie cold beverages as even better ice cream alternatives.

	calories	*tsp. fat	% cal. from fat
Regular ice cream	140	1½	40-50%
Gourmet ice cream	270	3½	55-60%
Sorbet	110	< 1	0%
Frozen Yogurt	150	< ½	12%
Ice milk	100	< ½	18%
Tofutti	230	3	55%

* Number teaspoonfuls



With the Electric Shop leading the MGH Softball League, the competition is finding it hard to keep their heads up.

Opposition feels Electric shock

There's been no shortage of power this season for the Electric Shop.

Combining timely hitting and strong pitching, Electric is in first place in the MGH Softball League.

As of June 25, last year's champion was on top with a record of 4-0. Personnel was in second place with a record of 1-1 followed by X Ray, 1-2; HVAC, 1-2; and the Carpenters, 1-3.

The rain-shortened regular season comes to an end later this month, and the playoffs begin in August.



The Electric Shop has found that winning is a matter of keeping an eye on the ball.

In General

The American Heart Association's annual *Doctor's Run* has moved from Boston's Colonnade Hotel to the Royal Sonesta in Cambridge. This year's event, which celebrates a "Decade of Dedication" on the part of hundreds of doctors and sponsors, will be held this year on Sunday, November 22, with a run along the Charles River.

Boston realtor **Harold Brown**, through the Hamilton Foundation of Boston, has pledged \$250,000 to the MGH's Pulmonary Unit. This money is to be used specifically for support of research in the Pulmonary Immunology Laboratory as it relates to occupational lung disease. The research will be under the direction of **Drs. Leo Ginns** and **Christine Oliver**.

Dr. Roger Brent of the Department of Molecular Biology has been selected for an award under the Pew Scholars Program in Biomedical Sciences. Dr. Brent will be receiving a total of \$200,000 to support his research. The Pew Scholars Program in Biomedical Sciences is designed to support young investigators of outstanding promise in basic and clinical sciences relevant to the advancement of human health. Funding is provided by The Pew Memorial Trust, established in 1948 as the Pew Memorial Foundation in memory of Joseph N. Pew, founder of the Sun Oil Company, and his wife Mary Catharine Anderson Pew.



The MGH often receives letters in praise of the hospital and staff. Here is one such letter:

It has taken a great deal of thoughtful appreciation to write this letter commending the staff of White 11 and the Massachusetts General Hospital doctors and nurses who have attended my husband Harry.

For years I have heard how fortunate we are to live in such close proximity to Massachusetts General Hospital, but never did I realize the full meaning of this statement.

Since March 3 when my very healthy husband had a near fatal seizure, it has been one nightmare after another. The one sustaining feature has been the capable care he received in this outstanding hospital.

The list of caring staff is too numerous to mention everyone, but a few must be called to your attention. First and foremost is Dr. Peter Black who so ably operated and also found time to call me frequently on Harry's progress. Dr. Barbara Basil, who was also supportive and encouraging, along with many neurological and urological staff. The staff on White 11 is a very special



Joseph Lentini of Environmental Services (second from left) is surrounded by well wishers at his recent retirement party. (Left to right) Bill Banchiere, Bernie Speaks, and Ron Silverio.

Trustee

from page 1

In a related action, Senate President Bulger was elected a Trustee of The General Hospital Corporation, the MGH Affiliate which actually operates the General Hospital.

In ceremonies recently held at the State House, Senator Bulger took the oath from Governor Dukakis, who appointed the South Boston politician an MGH Trustee under an 1811 charter that calls for the Governor to name four of the board's 12 members.

"As I go around the country," remarked the Governor, "I hear a lot about the Mass. General Hospital, which is, needless to say, one of the jewels in our crown."

In accepting the appointment, Senator Bulger said it was "an unsought honor but one that is very appreciated."

Two years ago, the Senate President was instrumental in engineering the arrangement between the MGH and the state leading to the planned construction of the new Suffolk County Jail on Nashua Street.

In other trustee news, W. Nicholas Thorndike has been named Chairman of the Board of both the MGH and the General, succeeding Mr. Burr, who has become an Honorary Trustee of the corporations, as well as succeeding John E. Lawrence as President of the MGH. Mr. Lawrence has retired as President.

breed. Head nurse Sandy Collins, Nurses Linda Younker, Mary Donahue, Cindy, Lisa, Ann Marie, Jim, Ciel, Leslie, Chris, and Tammy and in Emergency, Nurse Susan Gatient-Snyder to name a few who are gifted and outstanding.

When a loved one is ill, our patience runs thin and our criticism pointed. The staff goes beyond professionalism in their dealings with the patients' families.

A young intern, Dr. Eric Kramer, and Nurse Doreen Gardner were so helpful. During radiation Dr. Mary Austin-Seymour, Ina Chang, and the marvelous three girls Marion, Tammy, and Sally were truly uplifting to those who feel helpless. Along with Gerry Roper who arranged help care, the Radiation Department made our time with them so much less tedious.

Our future is now in the hands of our dear Lord, and how wonderful to know that amidst His creation we can find such gifted and knowledgeable people who are so dedicated to their task at hand.

May God Bless them and continue his countenance to shine upon us all.

Sincerely,
(Mrs.) Laura Harotian
76 Chester Avenue
Wintthrop, MA 02152

A live American Medical Association satellite program, "Youth & AIDS: An Educational Dilemma," will be shown on Wednesday, July 15, from noon to 1:30 p.m., in the Sweet Room, Gray 3A. Sponsored by Training and Development, the program is open to all.



While some patients become impatient waiting for the doctor, young Brian Hurley has found that while on Wang ACC 6, waiting is something he can just ride out.

A part of the past no longer bottled up underground

Neatly placed on a windowsill in the White 1 office of Associate General Director Lawrence Martin are four pretty ordinary-looking bottles.

These, however, are not the kind to be casually returned to the supermarket for a 5¢ deposit refund.

Quite the contrary, they apparently have been around decades before anybody ever heard of a bottle bill. And Mr. Martin plans to keep them around for a while longer.

These glass objects were recently uncovered, along with some old pilings, during site preparation for the new inpatient tower. Construction workers found the bottles, in surprisingly good condition, some 20 feet below the

ground. A small pitcher, resembling a gravy boat, was also discovered in the earth on which Temporary 1 so recently stood.

"One of the bottles has the date 1860 on it," reported Mr. Martin, "but it might be difficult to determine if that is the actual year it was produced."

After the driving of sheeting around the construction area (already under way), workers will be going down another 20 feet, and Mr. Martin expects that he may soon be adding to his new collection.

"Just a few more would be nice," he remarked. "I don't know what I'd do if I had a whole office filled with them."



Lawrence Martin, Associate General Director, displays his special bottle collection.

Diagnosis

from page 1

In addition, DXplain's extensive clinical vocabulary recognizes many misspellings, abbreviations, synonyms, allowing for rapid data entry and quick response. A case can be entered and interpreted in a matter of minutes.

The goal of DXplain is to provide educational feedback for the primary care physician, as well as the specialist with a diagnostic problem potentially out of his/her discipline. DXplain is not intended to provide the "right answer" or to give definitive medical consultation regarding the diagnosis of any patient. It is not intended to be used as an automated diagnosis system to replace or overrule a physician's judgment. Rather, DXplain selects and

presents a list of diseases that could explain, in part, the occurrence of the different clinical findings entered by the physician.

DXplain is the outgrowth of three years of development and refinement by medical experts from the MGH and Harvard Medical School. Members of the development team include Drs. John A. Hupp, James J. Cimino, Edward P. Hoffer, G. Octo Barnett, and Ms. Kathleen T. Famiglietti.

DXplain is available nationwide exclusively on AMA/NET, the on-line medical information network sponsored by the AMA. AMA/NET can also be accessed in parts of Canada and Japan.

Scott G. Davis, *Editor*

Doris G. Schreckengaust, *Copy Editor*

Photos processed by MGH Photo Lab



Ellen Fagan (left) and Jamie O'Connor (right) spend their time not just examining patients but also listening to them.

Home

from page 1

Center of Dorchester. Yoshiko Vann, R.N., of the Boston City Hospital Health-Care-for-the-Homeless Team helped start the clinic.

"When funds became available to establish a health clinic, I was asked if I wanted to run it," explained Ms. Fagan, who had done her preceptorship at the Shawmut Avenue facility. The nurse immediately accepted and asked Ms. O'Connor, another third-year Institute student, if she would like to help.

Together, the women share a position totaling 30 hours a week. They attend to the medical needs of between 8 and 15 patients a day, most of whom either live in shelters or on the street. The Cardinal Medeiros Center also provides counseling in housing and social work. In addition, it operates a hot-meals wagon often staffed by the nurses.

The physical surroundings of the clinic are anything but luxurious—an examination table, some desks and file cabinets, and a lamp without a shade. But for many of the patients, the clinic provides a much needed service.

"The two biggest concerns we deal with are alcoholism and foot problems associated with spending so much time on the street," said Ms. O'Connor, whose major field of study at the Institute is Women's Health. We also do health screenings and have even recruited some patients to come to the Institute to be examined by members of the second-year class."

Some common foot problems can be treated with foot soaks. The alcohol problems, on the other hand, are not as easy to wash away.

"We often try to refer them to other clinics in the area," explained Ms. Fagan. "They have many more resources to handle this kind of problem. But we have found that sometimes the only thing many of these people need is for someone to talk to. So we encourage them to do a lot of talking. And we do a lot of listening."

Gaining the trust of those who come into the center, however, was not easy for the students. Ranging in age from 45 to 99, these men and women approached the opportunity for medical assistance with some reluctance and suspicion.

"Many will come in around lunchtime just for a meal and maybe to watch a little TV or play cards," remarked Ms. O'Connor. "Having someone available to attend to their medical needs was certainly not a high priority

to them. But in time, we seemed to gain their trust, and they eventually opened up to us so we could try to help them. Now, many of them seem to look forward to seeing us."

For Ellen Fagan, a native of New Jersey, and Jamie O'Connor, who grew up in Connecticut, starting a health clinic in a shelter for the homeless was not something they had set out to do when they decided to enter the field of nursing three years ago.

An English major at Holy Cross, Ms. Fagan, 26, admits she never even thought about being a nurse. After graduation from college, she found a job in human services as a teacher at a Boston school. But one day she decided that she could do more with her skills in nursing, so she thought she would give it a try.

Ms. O'Connor, 28, had thought about nursing on-and-off during her years at Carleton College in Minnesota, where she majored in medieval history. Upon graduation from college, however, she came to Boston and took a job in the field of publishing. Shortly thereafter, she, too, decided to become a nurse through the Institute's three-year program.

Both women passed their nursing license exams last year, thus being certified as registered nurses after their second year of study.

"It was through Barbara Wilson, my advisor at the Institute, that I became involved with the Cardinal Medeiros Center," noted Ms. Fagan, a gerontology nursing major who was part of the Health-Care-for-the-Homeless Team in school. "It's really added infinitely to my knowledge of nursing and of life."

And both students insist their involvement with the center will not end with their graduation.

"The funding for the clinic has been renewed for another year, so we will be there until at least February," said Ms. Fagan. "I don't think we could work anyplace else where we could have so much autonomy this early in our careers in a setting where our help is so necessary."

The women also point out that they feel their work is really an extension of their learning experience at the Institute. As Ms. O'Connor put it, "We have been taught to meet the patient 'where they're at.' We're not trying to change anybody, but just meet their needs in the best way we can."

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William E. Walch, *Vice President for Resource Development and Public Affairs*

Martin S. Bander, *Director of News and Public Affairs*

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Not only did Kathy Iozzo of Saugus see her father, a Baker 11 patient, this past July 4, but she also got to watch the holiday celebration from the Esplanade, which she managed to capture on film.

Dr. Buchanan looks back and to the future

When Dr. J. Robert Buchanan became General Director of the MGH in 1982, one of his primary goals was to maintain the hospital's leadership position in the medical community.

Five years to the month that he began his tenure as the hospital's 18th General Director, Dr. Buchanan sat at his desk in his White 1 office and reflected on how challenging it has been during the difficult economic times faced by hospitals, especially those in heavily regulated states like Massachusetts. These problems made him concentrate on dollar-and-cents issues much more than he would have liked.

"When I arrived here," said Dr. Buchanan, "there were imposed budgetary problems created by new federal and state regulations. That's still a continuing priority. We've done reasonably well so far, with small

operating surpluses in each of the last five years. Avoiding debt is a means to an end—keeping the institution among the best."

Dr. Buchanan added that the biggest challenge faced by the MGH today also involves regulations by outside forces.

"We must make the changes we believe are appropriate to make in a continuing effort to maintain quality and innovation in our programs," he said. "There is a difference between accepting change thrust upon you and imposed by others and change brought about because it is the wisdom of the organization that these changes will promote the quality and character of programs."

Being General Director of a major teaching hospital is challenging enough for anyone. But being the chief executive officer of the MGH, an institution with a worldwide reputation for excellence, can result in an additional burden. It's one, however, that Dr. Buchanan is proud to bear.

"Whenever you're perceived as being one of the top in your field," he remarked, "there's an implicit challenge to maintain that position and not allow it to deteriorate. If you take leadership seriously, maintaining leadership is an additional dimension to your

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MGH moves to help clear the air on smoking

The Surgeon General of the U.S. has determined that smoking is the major cause of preventable disease.

As an institution dedicated to the treatment and cure of disease, the MGH is committed to prohibiting smoking, except in clearly designated areas of the hospital, and to developing educational and support programs to reduce the incidence of disease and death.

Last year, the General Executive Committee (GEC) Task Force and Subcommittee on Smoking Policy was formed to assess the hospital's smoking policy. The 14-member committee comprised a cross-section of employees, including both smokers and nonsmokers. The group was divergent in both job classification and in attitudes about smoking. In many instances, various members would confer with coworkers to get their reaction to proposed changes.

The committee, chaired by Stephen Kauffman, Assistant General Director

and Director of Operations, began meeting in April, 1986. Earlier this year, changes in the smoking policy were recommended by the committee and approved by the GEC. (See changes below.) The important shift in focus is that it prohibits smoking except in designated areas. This means that unless a conscious decision is made to permit smoking and is posted, the restriction will be in effect.

The new policy begins October 1.

"We feel it's an important step forward to cleaning up the air and protecting employees, patients, and

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New smoking policy

- The MGH will continue to ban the sale of all tobacco products from all its corporate premises.

- Smoking is prohibited throughout the institution except in those areas specifically designated for smoking. This applies to patients, staff, employees, and visitors.

- The creation of designated smoking areas will require that the physical characteristics or ventilation systems of such areas serve to protect both nonsmokers and nonsmoking areas.

- Because tobacco smoke is an environmental irritant and passive smoke has adverse health effects (1986 Surgeon General's report), the designation and establishment of smoking areas will be in favor of restricting smoking when the wishes of the users of those areas are in conflict.

- Posted smoking sections will be in certain lobbies, lounges, a section of the General Cafeteria, and in private offices if designated as smoking areas by the occupants.

- For inpatients, smoking is not permitted in patient rooms. Exceptions to this policy will be made only with the permission and control of the primary nursing staff and the explicit written permission of the patient's physician.

- For outpatients, those receiving treatment on an outpatient basis may smoke only in areas specifically designated for smoking.

- For medical reasons, some hospital units and treatment areas have been designated entirely as nonsmoking areas. The staff on these units will advise patients and visitors of these extended restrictions.

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Some get a head start before new policy begins

The latest changes in the Smoking Policy come exactly 20 years after the MGH made its first significant effort to limit smoking—banning the sale of all cigarettes in the hospital.

In subsequent years, smoking was limited or prohibited in certain areas of the hospital, including patient rooms.

It was on November 1, 1984, however, when the first total ban on smoking for any inpatient floors went into effect. Spurred by Dr. Donald N. Medearis, Jr., Chief of the Children's Service, all smoking was prohibited on any area of Burnham 4, 5, and 6. This applied to patients, visitors, and employees.

To many, the action came as no surprise, especially in light of the growing evidence linking "passive smoking" to

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New department head strives to maintain excellence

Ya know how there's always something around the house that needs to be fixed? Maybe it's the light switch, or the doorbell, or that leaky faucet that's constantly dripping.

If it isn't one thing, it's another, right?

Well that's kind of how it is in the Department of Maintenance. Only on a much larger scale, of course.

"We average about 100,000 calls a year," estimated Greg Doyle, the MGH's new Director of Maintenance. "They might range from changing a light bulb to something more involved."

Among the more involved projects done by Maintenance personnel are remodeling bathrooms and renovating offices. In fact, Mr. Doyle estimates that about 20 percent of his department's time is spent upgrading rather than repairing.

Mr. Doyle came to the MGH from Boston College, where he was Assistant Director of Buildings and Grounds. Prior to that he was a Facilities Engineer at Beth Israel Hospital. But although he is new to the job, he is not new to the MGH.

"I worked on the Gray O.R. when it was being built about 20 years ago," he recalled. "I always remembered how much of a family type place the hospital was. I'm glad to be here."

One difference between the MGH of the 1960s and that of the 1980s, according to the Maintenance Director, is the sophistication of the equipment being used.

"Today we have computers that do so much," he said. "It's important to keep up with the latest technology."

One innovation that is scheduled to

begin in September at the MGH is a by-product of this computerization. It's a system that will allow anyone in the hospital to call one special telephone number to request any kind of service or repair provided by the Maintenance Department.

"The work orders will be logged on the computer with the time and date," explained Mr. Doyle. "This system will be more efficient, save the hospital money, and allow us to keep better records. It should also save employees time in that they will be calling just one number for any problem instead of different shops for each job."

(More information on this system will be announced in a future *HOTLINE*.)

Although the 150 employees in the Maintenance Department's nine shops are never wanting for something to fix or build, Mr. Doyle expects to be even busier in the coming months and years with the hospital's move to Charlestown and the construction of the inpatient buildings.

"We're trying to be involved in the decision-making process as much as possible," he remarked. "If we can have input now, it could make our job easier later."

And Mr. Doyle adds that this even applies to employees not involved with any move or construction project.

"A department may be able to buy a new piece of equipment, for example," he explained, "but unless they anticipate that they may also need a new outlet to accommodate that equipment, then they could have a problem with timely installation."

Fortunately, as Greg Doyle is quick to point out, if such a problem occurs, Maintenance will be ready to help.



Even from this vantage point, you still have to crane your neck a little bit in order to see the latest activities from the tower construction site.

Hot Lines

A new column, to be published periodically, is being introduced in this issue of the *HOTLINE* to recognize employees who have been recently promoted in their jobs.

The *HOTLINE* congratulates the following members of the MGH who were promoted to new positions in the month of May.

Horace Griffith, Med. Records Clerk, Medical Records

Velia Saxe, Sr. Med. Tech., Thyroid

Martha King, Data Res. Analyst, Psychiatry

Anna Ricciuti, Cashier, Amb. Care Bus. Office

Theresa Fowler, Registration Rep., Corresp. Med. Records

Sherrie Phillips, Lead File Clerk, Inpatient Accts.

Diane Collins, Asst. to Director, Inpatient Accts.

Maureen Carolan, Sr. 3rd Party Reviewer, Inpatient Accts.

Debra Bernstein, Sr. 3rd Party Reviewer, Inpatient Accts.

Linda Melanson, Staff Nurse, Gyn. Associates

Ana Raposo, Derm. Tech., ACD Nursing

Roger Chisari, Staff Nurse, Baker Nursing

Albert Canten, Salad Maker, Dietetics

Lisa Clement, Nutrition Asst., Dietetics

Joaquin Guy, Office Asst., Radiology

Annette Grennan, Priv. Bill. Supervisor, Inpatient Accts.

Lisa Caputo, Asst. Cler. Supervisor, Bacteriology

Lisa Kizilay, Asst. Admin., Coord., Clinical Admin.

John Thomas, BTS Information, Blood Transfusion

Deborah Stockdale, Sr. Res. Analyst, Children's Service

Theresa Flynn, Nurse Clinician, I.D. Unit

Ronald Rice, Accts. Cashier, Prof. Billing

Robert Park, Security Officer, Police & Security

Josephine Call, Coding Specialist, Medical Records

Carmen Aguirre, Coding Specialist, Medical Records

Edward Hines, Cashier, Commuter Services

Nancy Corrigan, Tech. Specialist, Infection Control

Deborah Abalos, Res. Lab Tech., Molecular Biology

Ann Barnes, Med. Records Clerk, Medical Records

Karen Rowell, Sr. Med. Tech., Bacteriology

Kizito Muliro, Unit Transcriber Clin. Admin.

Kathleen Megan, Staff Nurse, Surgical Nursing

Jean Guerrier, Aide, Environmental Services

Bradley Rose, 1st Class HVAC Tech., Maintenance



Greg Doyle says he looks forward to the challenges of his new position as Director of Maintenance.

Dr. Buchanan

from page 1

responsibilities.... We impose the most stringent measures of quality. We aren't perfect, but I think by and large we do pretty well in that respect. There are many more competitors in the field than there used to be. And many were not even thought of when the General was started."

Dr. Buchanan acknowledged that an institution is only as good as the people who serve it and that those who work at the MGH are indeed responsible for the hospital being among the most outstanding in the world.

"As a group, they [employees] are infused by a spirit, loyalty, and commitment to the institution and what it stands for," noted the General Director. "This is more easily discerned than at other institutions. There's more verbalization about what it means to be at the MGH. I do think the level of performance, on the average, has been quite remarkable. There's a culture, ethos, and mystique about the MGH that is perpetuated and fostered top to bottom."



In his five years as General Director, Dr. Buchanan has been able to maintain the MGH's reputation as one of the leading hospitals in the world.

Dr. Buchanan admitted, however, that local economic factors are making it more and more difficult to find the best people to fill certain positions.

"Yes, it's a problem. The cost of living differential between this city and others makes it difficult to recruit people. When they do a careful analysis of what they will be gaining economically by moving to Boston, a relatively small part is real because of the incremental costs associated with living here. And there is so little unemployment that there is not a large pool to draw from. That makes it even more important to strive for a satisfied and fairly compensated employee group."

Dr. Buchanan cited many achievements made by the MGH during the last five years. Among them are the following:

- The creation of three new inpatient floors in the Bigelow Tower.
- The completed modernization of all but two patient floors in the White Building.

- Site preparation for the first of two new inpatient towers.
- Magnetic Resonance Imaging.
- Lithotripsy to disintegrate kidney stones.
- Adding the Spaulding Rehabilitation Hospital to the family of MGH institutions.
- The creation of the Wellman Research Building and the Wellman-Bartlett complex.
- The leasing of major research space in the Charlestown Navy Yard.
- A recommitment to the concept of the MGH Cancer Center with renewed emphasis on relevant basic research and the appointment of Dr. Kurt Isselbacher to head this effort.
- Raising nearly \$120 million for the Capital Campaign.
- The full accreditation of the Institute of Health Professions.

As for the future, Dr. Buchanan pledges to maintain the MGH's tradition of excellence.

"We want to make sure that our programs have the strength, the vigor, and the quality that they've always had," he explained. "We must try to support the continuing development of programs in patient care, research, and education. Given the financial environment we operate in, it's become increasingly clear that we need supplemental income. So we've been aggressively exploiting some of the resources this institution has been fortunate enough to acquire, such as Westwood's FoxHill Village and 20 Charles Street. Some people see this as a departure from the accustomed way of doing things. They read into it that we're deemphasizing or departing from our primary mission. The commitment to our primary mission, however, has never been stronger. But we have to be mindful of our resource needs and responsible for meeting them. If we are moderately successful, the gains can be significant and can go a long way to helping us remain loyal to our societal obligations and our chartered missions.... I think what we're doing is an expression of the belief that the Lord takes care of those who take care of themselves."

Although the means of accomplishing goals can be rather complex and difficult sometimes, Dr. Buchanan emphasized that he sees his function as General Director as being quite simple. "I want people to think of the MGH as a hospital that is the best of its kind."

If a recent survey of the deans of nine leading medical schools is any indication, people think exactly that. The survey, conducted by *The Wall Street Journal*, showed that the deans, chose the MGH more often than any other hospital as the best in the country.



You never know what you'll find tucked away in your closet or drawers. That's what members of Human Resources found out when they did a little summer cleaning recently. The result—a room full of items that were offered to other members of the department. With most things gone by the end of the day, it proved that one person's hors d'oeuvre really is another person's dessert.

In General

Four members of the MGH participated this month in a Consensus Development Conference on Neurofibromatosis at the National Institutes of Health. Drs. Thomas B. Fitzpatrick, Robert L. Martuza, Robert G. Ojemann, and James F. Gusella joined other investigators and physicians at the Bethesda, Maryland conference.

We don't usually publish birthday wishes in the *HOTLINE*, unless it's a special kind of message about a special kind of person. We think this one qualifies on both counts:

For my cousin Bob Burroughs on his birthday

*He answers his beeper, messenger who delivers
needed results and supplies in the wheel chair
he maneuvers with one finger,
reminder
to empire builders and quiet colonizers*

*We're all patients, in ward to our frail strings of DNA, neurons, spinal cord.
When my pain alerted me to its sharp abyss,
his laughter held me back, safe from the edge.*

*On my release day, I think that I'm strong:
he worries, convoys me to the surgeon's office,
his chair speeding through the corridors from Baker to White, almost leaving me behind.*

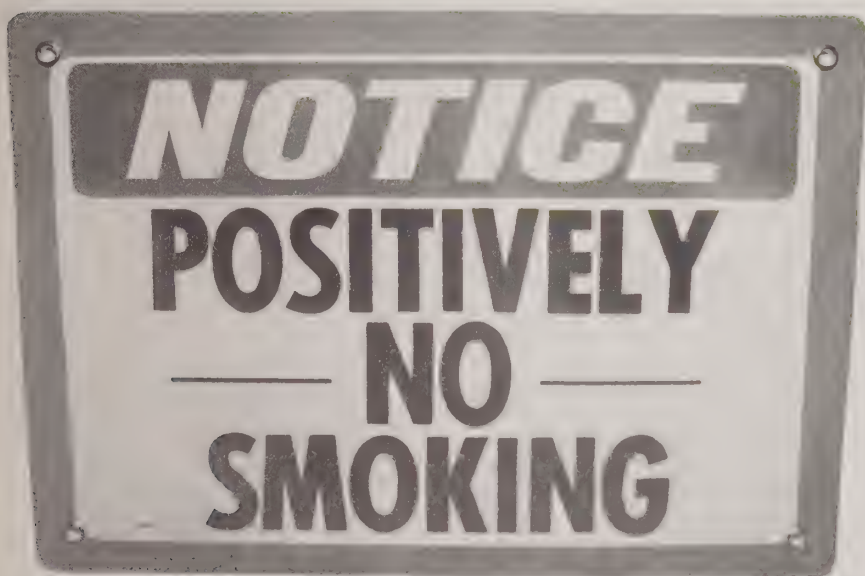
*He wheels and deals with doctors and nurses
in the elevator, explains—"my cousin."
He's Director of Humanity here,
reminder of undefeatable spirit.*

Martin Robbins

(The writer is the author of a book of poetry.)



Friends and colleagues of Rose Craven made it crystal clear how they felt about her at a recent retirement party honoring her 40 years of service to the hospital. With Ms. Craven, Director of the Ambulatory Care Business and Registration Offices, are Joseph P. McCue, Treasurer and Vice President for Finance (left) and Richard R. Crater, Director of Fiscal Affairs.



A sign of the times.

Smoking

from page 1

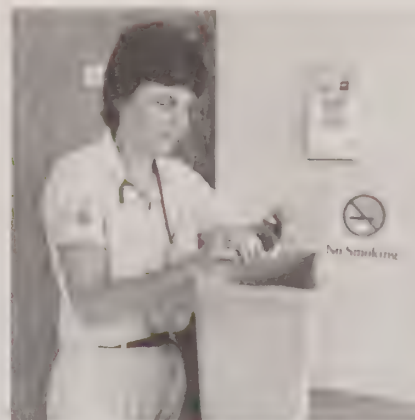
visitors," stated Dr. Nancy A. Rigotti of General Internal Medicine and a member of the committee. "It's a medical fact that smoking is not good for people, so we wanted to come up with a proposal that would cut down on the consumption of cigarettes in the hospital, while allowing for flexibility in each department. However, we didn't think it was realistic to have a complete ban on smoking."

A major impetus behind the changes was a report issued last year by the Surgeon General on the health effects of environmental tobacco smoke exposure. In summary, the report stated that in-

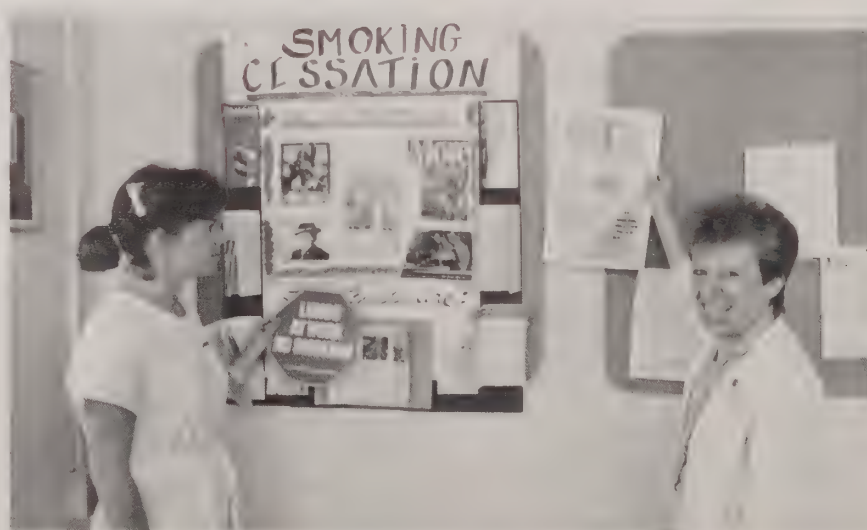
voluntary or second-hand smoke can cause lung cancer in nonsmokers.

"It's good for the hospital to play a leading role in setting a good example and in being concerned about everyone in the institution," said Dr. Douglas Johnson of the Pulmonary Unit, also a member of the committee. "I think the new policy will protect nonsmokers from the dangers of cigarette smoke."

Signs will be going up soon throughout the hospital making people aware of the new policy and designating places where you can smoke and where you cannot.



Baker 11 nurse Denise Snediker makes it clear how she feels about smoking...no ifs, ands, or butts.



Irene Cucchi (left), a nurse on Baker 11, and head nurse Ruth Dempsey have been posting no smoking literature on their floor for some time.

Head Start

from page 1

health problems among nonsmokers. But the reaction of many staff members working on those pediatric floors was somewhat surprising given the sensitivity of the issue.

"We originally thought there would be some resistance to our policy," recalled Dr. Medearis, "but we were pleased to find that most people were in favor of the smoking ban, even among the smokers."

Approval of the ban was further confirmed in a study conducted by Dr. Nancy A. Rigotti of the General Internal Medicine Unit (a member of the Smoking Policy Committee) shortly after the Burnham smoking policy went into effect.

The study indicated that 72 percent of those responding approved the policy when it began, and that 85 percent approved of it after it was in operation as much as one year later. Originally, 35 percent of the smokers approved, but this rate nearly doubled during the first year of the ban. The study also found that the policy did not lead to any significant change in staff turnover patterns.

Nearly three years after the Burnham smoking ban began, Dr. Medearis described it as a success.

"It's generally worked quite well," he said. "We are aware of an occasional violation in a rest room or on a stairwell, but on the whole, the policy has done what it was supposed to do and has received excellent acceptance by both smokers and nonsmokers."

In a brief survey conducted recently by the *HOTLINE*, this was also shown to be true.

"I'm glad it happened," remarked one smoker referring to the policy. "It's been no hardship for me. It's even helped me to smoke less than I once did."

"The policy hasn't bothered me," stated another smoker who works on a Burnham floor. "Before I came here, I never smoked on my other floor. So a

ban on smoking never really made any difference."

But it did make a big difference to one member of the Burnham staff.

"It helped me to finally quit," said the nurse. "Because I couldn't smoke on the floor, I was able to cut down and then to quit entirely."

Other staff members remarked how much cleaner the air on the floors has been and how they don't have to walk around having the smell of cigarette smoke on their clothes.

"Sometimes a parent goes up to Burnham 7 or down to Vincent 2 to have a cigarette," explained one nurse. "It isn't a good time to expect them to limit their smoking when their child is sick and they're under a lot of tension. But most are very understanding about the policy."

Other no-smoking bans are now in effect on such units as Phillips 4, Baker 8, and Bigelow 13.

Last August 11, a similar prohibition began on Baker 11, a Thoracic Surgery floor.

"We've had no problems at all," noted head nurse Ruth Dempsey, who along with Dr. Hermes C. Grillo, Chief of Thoracic Surgery, made the decision. "The staff has been very supportive, and the few who still do smoke have not abused their right to leave the floor to have a cigarette on their break or during their lunch or dinner."

Ms. Dempsey pointed out that she never allowed smoking on the south wing of Baker 10, where the unit was previously situated. And she felt strongly that for a no-smoking policy to work, it had to be applied to everyone. As she put it, "It's hard to tell the public or patients one thing while they could watch the staff do another."

This philosophy is also one of the reasons why the Admitting Office is about to impose its own changes regarding smoking even before the hospital-wide policy goes into effect on October 1.

"Smoking will not be allowed in patient interview rooms or in our offices," explained Director Martha Byington. "We will have one lounge that will be a designated smoking area for our staff."

One member of Admitting who smokes says he supports the upcoming changes. "To quote Samuel Clemens, 'Quitting is easy. I've done it a hundred times.' Maybe the new policy will help me quit for good, and then maybe I can get my wife to quit," he said.

For another smoker in Admitting, however, the changes in policy will mean other changes in his office. "For one thing," he explained, "I'll have to get rid of my ashtray. And I'll also have to remove the sign I have by my desk."

The sign reads, "Thank You For Holding Your Breath While I Smoke."

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MGH **HOTLINE**

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One place to view the driving of sheeting below may be from the top of a crane high above the inpatient tower construction site. All this is in preparation for the drilling of caissons now getting under way.

Researchers find cells that can attack AIDS cells

Infectious disease specialists at the MGH in collaboration with scientists at the National Institutes of Health (NIH) have shown the existence of certain killer cells that can attack cells infected with the AIDS virus.

The discovery of these so-called cytotoxic T lymphocytes in AIDS-infected individuals helps to lay the groundwork for evaluating vaccine candidates by making it possible to measure the cellular immune response elicited by any potential vaccines.

The investigators stress, however, that it may be several years or more before an effective vaccine is available.

In many viral systems, there are two types of immune response: the antibody-mediated and the cell-mediated. The antibody response against the AIDS virus was detected early on, but, though suspected, no one until now has been able to demonstrate the existence of cells which attack and kill AIDS-virus-infected cells.

"Ideally, in designing a vaccine, we would want one that stimulates both antibodies and cellular immune responses," said Dr. Bruce D. Walker, a research fellow in the MGH Infectious Disease Unit and principal author of the study. "Until now, the only way to study immune responses in candidate

vaccines was to look for the antibody response that would neutralize the virus. The technique we have developed will allow researchers to measure immune responses to vaccines to determine if they will in fact elicit cells that can attack and kill the AIDS-virus-infected cells."

A number of laboratories around the world are studying vaccines, and some vaccines are being considered for human testing, likely by the end of the year in the U.S.

"The first step, of course, is to be sure that whatever vaccine we use is safe," said Dr. Robert T. Schooley, an

continued on page 3

Going beyond the bonds of matrimony

"A man of my kidney!"—William Shakespeare, The Merry Wives of Windsor

For Diana Cabral, it was probably the easiest decision of her life. For Lawrence Cabral, the decision meant a new lease on his.

Although it has been 16 years since the Cabrals were joined as husband and wife, the New Bedford couple became joined in an equally significant way on June 25 when Diana donated a kidney to her husband.

Although kidney transplants have taken place at the MGH for nearly 25 years, it's believed to be the first time that one spouse has donated an organ to another. Generally when the donor has been unrelated genetically to the recipient, the donor has been an individual

continued on page 4

Visitors find there's no place like Dome

One quick glance at the sunglasses, the hats, the cameras, and the curious expressions and you know that it's definitely the season for tourists.

Visitors to Boston are everywhere. They're at the Market (Quincy), on the Trail (Freedom), but mostly in line at one attraction or another.

A good number also come to see us.

Each summer, hundreds of tourists spend part of their vacation at the MGH visiting the Ether Dome, the former operating room on the fourth floor of the Bulfinch Building where medical history was made 141 years ago.

Many of them also stop to sign the guest books found on the staircases outside the Ether Dome.

Their hometowns read like a Rand McNally atlas of the world. They include the near like Newton, Massachusetts and Newtown, Connecticut, and

continued on page 4

A Welcome addition

There was no welcome mat large enough to put outside. So the MGH did the next best thing.

A sign extending 20 feet by 5 feet now greets patients and visitors along the corridor on Wang ACC 5.

It had to be big because the word "welcome" appears in 53 different languages!

The idea for the sign came from Dr. John D. Stoeckle, Chief of Medical Clinics.

"We see so many international patients at the MGH," said Dr. Stoeckle, "that I thought it would be good to have a sign in their own native language welcoming them to the hospital."

Over the past year and a half, the physician collected the word "welcome" in as many languages as he could, mostly from his own patients. Now, people from Somalia to Yugoslavia, Senegal to Portugal, and from the Congo to

continued on page 2



Dr. John Stoeckle (left) and the others who planned the sign on Wang ACC 5 believe that it will be a most welcome sight in the hospital.

Inside

Overcoming a language barrier
page 2

Retirement of man and name
page 3

Josephine Barbour remembered
page 3

Agreement reached between MGH and MSAC

The MGH and the Massachusetts Senior Action Council (MSAC) last month announced a plan to formalize and improve two patient-care services.

The agreement followed more than a year of negotiations in which the senior citizen advocacy group presented several issues to the MGH. Hospital administrators felt that a number of those issues were not feasible or were discriminatory to others in need of hospital care. However, the MGH and MSAC agreed that both interpreter services and printed discharge information could be improved.

"We are pleased that we found a mutually acceptable way to better those two programs," said Dr. J. Robert Buchanan, MGH General Director.

Responding to MSAC's concerns about an all-volunteer interpreter service for non-English speaking patients at the MGH, the hospital has hired a professional interpreter to coordinate the hospital's Interpreter Services. (See related story on this page.)

The second area of concern for the MSAC was the federally mandated diagnostically related groups (DRGs) program. MSAC fears that elderly patients are being discharged prematurely from hospitals all over the country and without adequate aftercare under the DRG program. To prevent this practice from developing at the MGH, the hospital agreed to provide all elderly patients with a printed discharge plan listing medications, instructions for follow-up care, and arrangements for community-based and home-care services. Patients or their guardians will be required to sign the plan, indicating that they have participated in their discharge-planning process.

"We have always had discharge planning at the MGH [the MGH was the first hospital in the nation with a transfer office], but the extent and quality of the printed information has varied tremendously," said Evelyn Bonander, Director of the MGH Department of Social Service, who will also serve as liaison between the hospital and MSAC. "Although it will require additional staff and will be time-consuming, the newly prepared discharge-planning form will provide our patients with more complete service

and allow us to be more consistent with the information we give." The MGH's multidisciplinary planning group has recommended that the printed discharge-planning form be provided to all MGH patients.

In addition, the Senior Action Council asked, and Dr. Buchanan agreed, to continue to urge physicians with admitting privileges to the MGH to accept Medicaid and Medicare patients in their private practices. All MGH clinics currently accept Medicaid and Medicare patients.



Dr. Buchanan officially signs an agreement between the MGH and the Massachusetts Senior Action Council...



Then agrees to being pinned by Mary Williams of the MSAC.



Even though White 5 patient Jose Veloz is miles from his native Santo Domingo, he finds that he and Margarita Battle speak the same language.

Interpreter Services ready for Battle

The patient arrives in the E.W., affected, afflicted, and afraid.

He is in pain, and although he realizes the hospital is the best place for him to be, it is an unfamiliar setting.

He is scared. He doesn't know what is happening to him.

It's hard for many of us not to be frightened in a situation such as this. Just imagine, however, how much more difficult it is for people who do not understand the English language and feel isolated at a time when their need for communication and support is the greatest.

Fortunately, they now have a friend in Margarita Battle.

Mrs. Battle has just been appointed Coordinator of Interpreter Services at the MGH.

In describing her new position, Mrs. Battle says the role of the interpreter is similar to that of a hinge on a door.

"On one side of the door," she explained, "the interpreter receives information from the nurse or doctor, and on the other side, the interpreter acts as an advocate and voice for foreign-speaking patients."

A native of Mexico, Mrs. Battle is a graduate of the Universidade de São Paulo in Brazil and also attended Université de Paris-Sorbonne in France. She is fluent in English, Spanish, French and Portuguese.

She came to the MGH after serving as an interpreter and translator for nearly 20 years. Her most recent position was as a court interpreter at both the Superior Court and Federal Court levels. In this capacity, she traveled throughout Massachusetts to interpret at legal proceedings and trials and translated legal documents in verbal or written form.

"In the court system," remarked Mrs. Battle, "everyone has conflicting interests to be resolved. Here in the hospital, the goal is really cooperation. Instead of pursuing individual goals, all members of the health care team work towards helping the patient."

Among the major functions of her position as Coordinator of Interpreter Services, Mrs. Battle will be responsible for matching the language skills of the volunteers and employees who regularly serve as interpreters to the needs of patients, assessing the requests for inter-

preters that have up to now come into the Volunteer Department, and setting up language courses in medical terminology.

"It's important to balance the needs of the patient with those of the volunteer or employee interpreter," she said. "The patient's language needs must be attended to, but the interpreter's time must be respected, and they must also feel rewarded and acknowledged in their work."

Although more than 1,800 requests for interpreters are met each year, Mrs. Battle says there's a very large need that still exists.

"Occasionally people come into the hospital who need the help of an interpreter but don't take advantage of the service," she stated. "It's vital that the medical team and the patients know that we're here to help them. Being in the hospital is hard enough without being able to understand the language being spoken."

Mrs. Battle also welcomes any volunteer or employee who would like to serve as an interpreter.

"In the short time I've been here, I've been so moved to see the generosity of the people to help out," she remarked. "There's such a great spirit of cooperation among the interpreters. Their time and skills go to helping others. It's just fantastic."

For those employees interested in signing up to be an interpreter, you can complete the form below and send it to Mrs. Battle:

Bilingual Employee Registration

Name _____

Language _____

Department _____

Extension _____

Location _____

Shift _____

Supervisor _____

Return to:

Margarita Battle
Coordinator, Interpreter Services
Volunteer Department
Vincent 2

You can also call Mrs. Battle at Ext. 8540 or Ext. 6966 after August 20.

Welcome

from page 1

Togo can be greeted by the MGH in their own tongue.

Joanne Perry, the Primary Care Program Education Coordinator, assembled the different languages with the help of the Berlitz Translation Center.

"With 2,796 different languages spoken in the world, we tried to narrow it down as much as we could," she explained. "Berlitz was wonderful, especially Paul Ross. He worked with us in coming up with many of the less common languages. They did the same thing for the 1984 Summer Olympics."

Brian Rutana, a free-lance artist, designed the sign, and the MGH Medical Art Department served as a consultant.

Two of Dr. Stoeckle's patients—94-year-old Olivia Finlay and Constance Rabinowitz—contributed funds for the sign.

"We hope people come and look at it," said Dr. Stoeckle. "We want them to know that the MGH is for everyone, from every culture and background."



For many at the MGH, the initials E.W. not only mean an important unit in the hospital but also the man who directed it for many years, Earle Wilkins.

Instead of his number, he had his letters retired

You can't take it with you, as the saying goes. Except, that is, if you are Earle Wilkins and your initials just happen to be the same as those of the place where you were associated for so many years.

On June 25, Dr. Wilkins, who has been Chief of Emergency Services since 1969 and affiliated with the MGH since 1944, was honored at the retirement party held in the Walcott Room.

But Dr. Wilkins wasn't the only retirement.

It was also announced that with Dr. Wilkins' leaving, the letters E.W. would soon be retired and the Emergency Ward renamed.

"The E.W. and Earle Wilkins have really been synonymous for many years," remarked Dr. Charles J. McCabe, Associate Director of Emergency Services. "So it seemed very

fitting that when he left we begin the process of retiring the E.W. name at the same time."

A committee, meanwhile, has been formed to look into a new name for the Emergency unit.

Dr. Wilkins even got a little part of the E.W. to keep with him. He was given the old sign that for many years had hung outside the MGH.

A graduate of Williams College and Harvard Medical School, Dr. Wilkins came to the MGH as an intern 43 years ago and also served his residency here.

Up until recently, Dr. Wilkins was also President of the New England Life Flight Board, the organization which operates Boston Med Flight. (See story below.) In appreciation of the physician's involvement with Med Flight, Dr. Wilkins was presented with his very own flight jacket.

New study shows health care workers at minimal risk for AIDS

A new study indicates that health care workers exposed to AIDS patients on a regular basis are at minimal risk for infection from the virus, and the application of caution in handling blood and body fluids can keep this risk as low as possible.

The study, conducted by the University of California-San Francisco and published in the July issue of the *Journal of Infectious Diseases*, showed that of 270 workers followed none had acquired the infection during a 15-month period.

"The subjects in this study represent one of the most highly exposed cohorts of health care workers in the world," said Dr. J. Louise Gerberding, the primary author of the study. "The absence of human immunodeficiency virus transmission to these individuals is extremely reassuring and adds significant power to previous studies of health care workers."

The study included physicians, nurses, laboratory assistants, and those who take blood samples from patients and was conducted between December 1984, and March 1986, at San Francisco General Hospital.

Since needlesticks and direct contact with blood have previously been identified as the two most likely sources of accidental injury, the MGH has recently bolstered the means of protecting the staff against such contact. Employees having direct contact with blood or body fluids should be wearing gloves. Efforts should be made to decrease droplet formation, or contamination of the eyes or mouth, but if this is likely, face masks, goggles, or protective eye shields should be added. In particular, needles are a potential hazard if disposed of improperly.

To provide for their safe disposal, rigid disposable needleboxes are being installed in each patient's room and at other identified areas for greater access for immediate disposal of hazardous sharps. Procedures will also be distributed in the "Staff Nurse Liaison Newsletter" to provide instruction on how to handle these items.

AIDS

from page 1

infectious disease specialist at the MGH and senior author of the paper. "One would then hope to see a measurable immune response to the virus. The toughest part of vaccine development will be the field testing to determine whether the vaccine actually keeps people who are exposed to the virus from getting infected. That may take several years."

In addition to Drs. Walker and Schooley, other investigators from the MGH were Timothy J. Paradis, Theresa Flynn, Amy G. Durno, Richard S. Blumberg, Joan C. Kaplan, and Martin S. Hirsch (Director of the MGH Virology Laboratory).

The results of the study were published in the July 23 issue of *Nature*.

In General

The Boston Med Flight Board of Directors has elected **Dr. John F. Burke**, Chief of the MGH Trauma Service, as Chairman of the Med Flight Board. Dr. Burke succeeds **Dr. Earle W. Wilkins, Jr.**, Chief of MGH Emergency Services, who has retired. Also serving on the Board from the MGH is **Ann Prestipino**, Director of Patient Services. Boston Med Flight is a critical care helicopter service, sponsored by the MGH and six other area hospitals.

The Social Service Department is again offering a support group for patients with genital herpes. The eight-week support group begins in October, and screening interviews have already begun. The group will be under the direction of Kathy Hamilton, ANP, MSN of the GID Unit and Elsa Ramin, LICSW of the Social Service Department.

Another eight-week support group to begin this fall is a bereavement group, which is designed to help people share their feelings about the loss of a loved one. If you are interested in either group, please call Ms. Ramin at Ext. 2623.



Memorial services were held last month in Fitchburg for Josephine C. Barbour, retired Director of the MGH Social Service Department. Miss Barbour died on July 17 at a Leominster nursing home after a long illness. She was 87. Miss Barbour was a member of Social Service for 38 years, the last 20 of them as director, only the second director in the department's history. She retired in 1964. Born in Pittsfield, she was a graduate of Wellesley College and Simmons College. During World War II, Miss Barbour was director of the American Red Cross Hospital services stationed in Europe and Africa. After the war, she was awarded the Medal of Freedom in recognition of her many contributions.

The MGH Institute of Health Professions announces the following course offerings this fall (September 9-December 18):

Arrhythmia Interpretation in the Cardiopulmonary Patient

Clinical Applications in Exercise Physiology

Ethnicity and Health Care

Integrated Approaches to Pain Management

Literary Approaches to Values in Caring for Patients

Neuroanatomy

Normal Nutrition

Pharmacological Intervention in the Cardiopulmonary Patient

For more information on these and other courses, please contact Deneya Jackson, Special Student Admissions Office, MGH Institute of Health Professions, Ext. 3140.



It's only fitting that at her retirement party, Elaine Watkins be photographed with flowers. Miss Watkins, a former Residence Supervisor of Bartlett Hall and most recently associated with the Institute of Health Professions, has won many awards for growing dahlias.



There's no hiding the fact that Lawrence and Diana Cabral will always share a special bond for each other and with Dr. Nina Rubin (right).

Bonds

from page 1

who has just died.

A surgical team led by Dr. A. Benedict Cosimi, Chief of Clinical Transplant Surgery, performed the procedure on June 25 after efforts to find a compatible blood relative in Mr. Cabral's family proved unsuccessful.

Mr. Cabral, 43, and a diabetic for more than 30 years, had been undergoing dialysis three times a week while awaiting a kidney donor for the past year. When it became clear a donor could not be found in his own family and that he had been unable to get a kidney from a nonliving source, Mr. Cabral's wife Diana made the decision to donate her own kidney.

Only she kept it a secret from her husband for a little while.

"When I decided I wanted to do it," explained Mrs. Cabral, "I took all the tests to make sure I was compatible before I told him. I didn't want to get his hopes up just in case I wasn't a suitable donor."

The tests concluded that Mrs. Cabral's blood type and tissue type did match those of her husband. However, the doctors needed more than physical evidence before agreeing to perform the transplant.

"We wanted to make sure that she was medically and emotionally prepared to donate the kidney," explained Dr. Nina T. Rubin, Medical Director of the MGH's Hemodialysis and Peritoneal Dialysis Units. "It is always very important to determine the motivation. To make sure that the decision is made without coercion."

As the physicians would soon find out, it was clear that Lawrence Cabral had nothing to do with his wife's decision. Quite the contrary.

"I had no idea she was even thinking about it," he remarked. "And when I did find out, I didn't like it. I was worried about her. But I could see her mind was made up, and I wasn't going to get into a fight about it because after all I have to live with her."

And living together was the whole idea.

"I would gladly do it again," said Mrs. Cabral, 37, who is a nurse at the Francis P. Memorial Hospital in New Bedford, where she originally got the idea to donate her kidney. "I'm so happy I could do something to make my husband well again."

One spouse donating a kidney to another, however, is still not as desirable as a donor organ from a blood relative or a cadaver. But it's an area that is being examined very closely.

"Kidney transplants between a husband and a wife is something we're just beginning to explore," said Dr. Paul S. Russell, Chief of the MGH Transplant Unit. "Using genetically similar family donors has been an accepted thing to do for more than 20 years now. But with the severe shortage of donor organs, this type of transplant [between spouses], with their strong emotional attachment, can be very successful under carefully selected circumstances."

One week after the transplant, the Cabrals were discharged from the hospital and returned to their New Bedford home and their three children. Mr. Cabral, a forklift operator for the Acushnet Company, hopes to return to work soon. In the meantime, he and his wife make the one-and-a-half hour trip to the MGH at least once a week to be checked by the doctors and nurses on the Phillips 8 transplant unit. After 16 years, they are still usually seen holding hands.

Dr. Rubin believes what Diana Cabral did for her husband goes well beyond any vows of matrimony, especially the part about "in sickness and in health."

"I think what they did was one of the strongest manifestations of love one can demonstrate," said the physician. "In this case, not only did Diana want to see her husband enjoy a better quality of life, but she made it happen. That's something very special."

Survivor

from page 1

total and third degree burns of this extent. Nor have I ever heard of an adult anywhere else."

The blast occurred during the night of December 7, 1986 (45 years to the day of the Pearl Harbor explosion) while Mr. Sickmeier was sleeping. He does not remember very much about the accident or the events that followed.

After being hospitalized near his home for several days, Mr. Sickmeier was flown by air ambulance to the MGH's Sumner M. Redstone Burn Center.

In addition to burns, he suffered an inhalation burn injury and spent more than two months on a respirator. Second degree burns were to the lower portion of his forearm and the lower front part of both legs above the feet. His face also had second degree burns. He lost some strength in his muscles, especially in the back of his lower legs. In addition, he lost the ends of some of his fingers.

The only unburned areas were to about one third of his scalp and part of the arm pits.

There is no question that artificial skin was a major factor in his survival.

Roughly 60 percent of his grafts were with artificial skin, developed by the MGH and MIT.

"The artificial skin looks good," said Dr. Burke. "We had to operate on him 22 times because he had only such small areas of unburned skin."

During his hospitalization, Mr. Sickmeier never had any serious episodes of infection, which is the most common cause of death in a severely burned patient who survives the first few days after a fire.

On July 14, Jerry Sickmeier left the MGH for Barnes Hospital in St. Louis, near his home, where he will continue his recovery and rehabilitation, which will include reconstructive procedures for his hands. It's expected to be another six months to a year before he will be able to return to work and resume his life.

Dr. Burke believes Mr. Sickmeier should be able to function normally at his job working for a railroad, where he has been responsible for maintaining the roadbed. As the physician put it, "People are remarkable in their ability to adapt."



Just before leaving the MGH, nurses in the Sumner M. Redstone Burn Center on Bigelow 12 gave a going-away party for Jerry Sickmeier. Here, Mr. Sickmeier's sister (fourth from left) reads a card signed by members of the hospital staff.

Dome

from page 1

the far such as Draguignan, France; Sydney, Australia; and Hong Kong, China.

In the first three weeks of July, 63 people signed the books.

One of those was nine-year-old Jessica Castronovo, whose father Frank is the Radiation Safety Officer at the MGH.

"She happened to be here one day and wanted me to take her up to see it," explained Dr. Castronovo. "She's in third grade and has always been interested in history and knew about the operations and the mummy. She was very impressed."

Something, needless to say, she can share with her classmates in the fall.



There still is one tourist attraction in Boston that is free of charge and where you don't have to fight the crowds.

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Dorothy Norwood and a friend compare smiles at a recent retirement party held in the Sweet Room. Ms. Norwood, a nurse anesthetist, has been at the MGH for 33 years.

Plumbers flush out suspect

Back in the days of Watergate, it was the "plumbers" who gained notoriety for their involvement in the break-in and subsequent cover-up of the scandal.

Recently at the MGH, however, it was the plumbers who were responsible for thwarting a crime.

It was shortly after 2:30 on July 28 when Michael Johnson and William Coose, members of the Plumbing Shop, were outside the General Store on their way to a job in the Wellman Research Building. Suddenly, they saw a volunteer rushing out of the store screaming, "Stop that man!"

"He was right next to me, so I grabbed him," explained Mr. Johnson. "With people chasing him, I knew he must have done something."

The person stopped by Mr. Johnson and Mr. Coose allegedly had just robbed the General Store of a handful of cash from the register and calmly walked out the door. That is until they were met by the plumbers.

Within seconds, MGH Police Officers Richard Chevette, Al DiPietro, and Mark McDonough were on the scene and arrested the suspect, who was still being held by the MGH employees.

"People around the hospital have been kidding us about what we did," remarked Mr. Coose, "But to us, it was no big deal. We were just in the right place at the right time."

In the end, the General Store got its money, the MGH Police got its man, and the plumbers helped prevent an otherwise nice July afternoon from going down the drain.



With Michael Johnson (left) and William Coose around, any leak, big or small, can be contained.

Budget decisions postponed pending fate of regulations

Although the new fiscal year begins in less than a month, the MGH has decided to postpone any announcement about budget increases and wage and salary policies until regulatory decisions are finalized by the state.

At a Town Meeting held July 31 on the Bulfinch Patio, Dr. J. Robert Buchanan, General Director, said that until the state decides on reimbursements to hospitals, it would be difficult to project what kind of increases could be allowed in the new fiscal year, beginning October 1.

"The requests [from department heads] we have received for fiscal 1988 would require an increase in our budget of 8.9 percent," said Dr. Buchanan. "But the best we can see under the existing rules is a 3.9 percent increase. That would mean a shortfall of 5 percent or \$15 million. We know that there will be a drop in Medicare reimbursement across the country. But what we don't know at this time is what the state regulations will be with respect to reimbursements

and whether we will be permitted to transfer costs to make up for any cutbacks."

The General Director, however, assured those in attendance that everything possible will be done to announce any decision. "Getting a wage and salary plan out as early as possible is the highest priority on White 1," he declared. "We ask that you bear with us."

In the meantime, if no decision is made before October 1, any pay raise granted in the new fiscal year would be retroactive to October 1 for those whose anniversaries fall at the beginning of the fiscal year. (Beginning in fiscal 1987, employees received pay raises on their work anniversaries if hired between October 1 and April 1 and on April 1 for all other employees.)

"So until you hear otherwise," said Dr. Buchanan, "we will operate on the same budget appropriation as we have since last October 1."

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The recent Town Meeting shed light on many issues of importance to employees.

Device that eliminates some gallstone surgery to undergo clinical trials

A new high-technology device that can often destroy painful gallstones without surgery will soon undergo joint clinical trials by the MGH and the New England Medical Center (NEMC).

The two hospitals together have purchased the machine and are establishing a joint center to begin clinical research to treat gallstones through biliary lithotripsy, shattering the gallstones with "shock waves."

It's believed this procedure may be effective for many of the 440,000 Americans each year who would otherwise undergo surgery to remove stones from their gallbladder. In Massachusetts alone, gallbladder surgery is performed on 3,000 to 4,000 patients a year, the fifth most common operation in the U.S.

Nine other hospitals around the country will also be doing studies with the device.

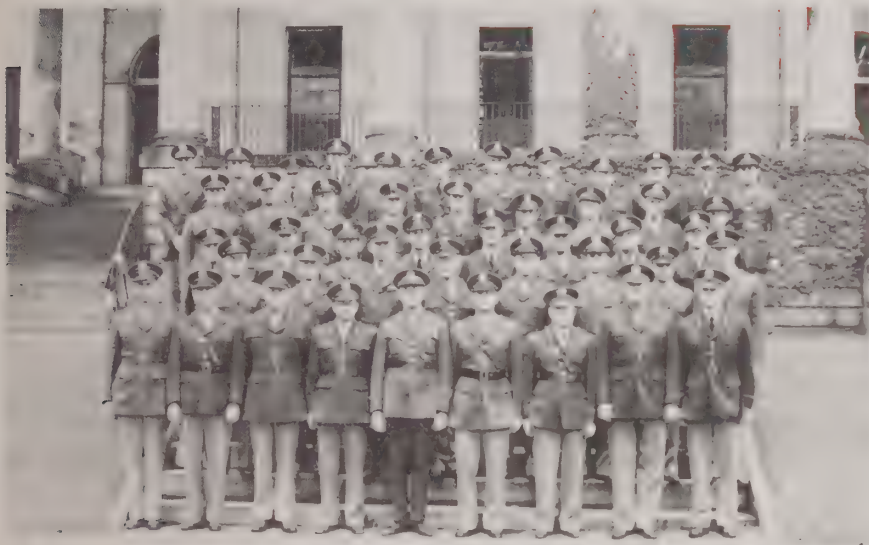
The gallstone lithotripter is expected to be the only Dornier gallstone lithotripter in New England in the foreseeable

future. It will be located at the MGH, and its use shared by the MGH and the NEMC.

Initial research and development have been conducted in Munich, Germany, under the direction of Dr. Gustav Paumgartner in conjunction with Dornier Medical Technical Corp. More than 220 patients have been treated there over the past two years. Of 155 patients whose data has been collected over an extended period, 154 patients have been completely cleared of stones after one to six months, with minimal side effects. All patients received oral

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MGH Job Fair
Tuesday, Sept. 15
10:00 - 6:00
Bulfinch Patio

Together then,

In 1942, they gathered on the Bulfinch steps just before going off to war...

It was on May 15, 1942, when some 50 physicians and 150 nurses recruited from the MGH left Boston by train for Camp Blanding in Florida to prepare for three years of service in World War II.

The *6th General Hospital*, as the MGH unit was called, remained in Florida for a few months before about 20 percent of the group was assigned to the 160th Station Hospital in England. The remainder was eventually convoyed to Africa, where a hospital was built in Casablanca.

The MGH unit was later stationed in Rome and then Bologna, Italy. During the entire war, the families of those overseas formed a close-knit group of their own in support of their loved ones in Europe and Africa.

This past summer, many of those survivors from the war, along with members of their families, gathered at the home of Dr. Claude and Phyllis Welch in Belmont to celebrate the 45th reunion of the *6th General*.

Although many of those who made up the unit are now deceased or have

together now

And 45 years later, members of the 6th General Hospital Unit and their families met again to renew acquaintances and, of course, to tell old war stories.

relocated to other parts of the country, about 50 physicians, nurses, wives, and widows turned out for the reunion.

Among those in attendance were 17 MGH physicians: Drs. Otto Aufranc, Edward Bland, Daniel Ellis, John Frazee, Stewart Hamilton, Daniel Holland, Theodore Ingalls, James Jones, Sylvester Kelley, Knowles Lawrence, Charles Short, Eugene Sullivan, Garrett Sullivan, Somers Sturgis, Howard Ulfelder, Claude Welch, and Stanley Wyman.

The gathering also included the

following nurses: Grace Babcock Gatcomb, Barbara Peterson, Rita O'Leary Otteson, Hazel MacNeill Sims, and Rita Boyle Willits.

Members of the *6th General Hospital* spent much of the day trading old war stories about C-rations, Casablanca bedbugs, Italian exuberance as they entered Rome, and tent life during winter rain and snow. And those who attended the gathering also made sure they didn't leave without making plans for a very special reunion in 1992—their 50th anniversary!

Life-style

With the MGH's new Smoking Policy about to go into effect on October 1 (see July 23 *HOTLINE*), you may be thinking of trying to quit the habit.

If you are, help is available.

The Office of Training and Development has investigated the available smoking cessation programs within the hospital and has tried to put together enough options to allow you to choose the one you feel will help you to succeed.

If you would like more information or have other questions about smoking, then circle September 8-11 on your calendar. That's when tables will be set up in the Wang ACC Lobby with educational material available.

There will be four basic types of programs that will be widely offered to employees during the months of September and October. The following is a brief summary:

FRESH START—The American Cancer Society program which will be conducted in six, one-hour sessions. This group program focuses on developing a support system with basic information and discussion sessions.

Series A: Sept. 15, 16, 23, 24, 28, and Oct. 1, at either 8 a.m., noon, 2 p.m., 4:30 p.m., or 6 p.m.

Series B: Sept. 14, 17, 22, 29, 30, and Oct. 5, at either 8:30 a.m., 10:30 a.m.,

1 p.m., 2:30 p.m., or 4 p.m.

This course is free of charge to employees, and all sessions will be held in Room 080 of Ruth Sleeper Hall. Pre-registration for a specific series and time is required.

FREEDOM FROM SMOKING—The American Lung Association's self-help program is a one-booklet series designed to assist the individual to stop smoking and become a lifelong nonsmoker. A one-hour group meeting to discuss the

booklets and the program is required. The booklets are free to employees, but registration is required for the group session.

Sessions: Sept. 14 at noon and 5:15 p.m.; Sept. 30 at noon and 5:15 p.m. The sessions will be in Room 080 in Ruth Sleeper Hall.

HYPNOSIS/BEHAVIOR MODIFICATION—The Psychosomatic Unit on Wang ACC 7 offers individual sessions. The program consists of two visits, (the

first visit is one hour, the second is one-half hour), with a staff psychologist. An appointment is necessary, and there is a fee.

DEPARTMENT OF PREVENTIVE MEDICINE—A five-six session program has been designed to combine individual and group process. The first session is with a psychiatrist to get ready for the intervention phase and determine the most appropriate form of the intervention, which could include group/individual support, nicotine fading, nicorette, hypnosis, or aversive techniques. There will be follow-up sessions over a three-month period to maintain a nonsmoking approach to life, covering weight control, exercise, stress reduction, and situational techniques to stay smoke-free. This program requires preregistration, and a fee.

CUSTOMIZED PROGRAMS FOR DEPARTMENTS—If there is a group of smokers within your department who wish to quit, then a special program based on group support and education could be created.

To register or to obtain more information on any of these programs, please call Linda Lass-Schuhmacher, Training and Development, Bulfinch 2, Ext. 1265.



If you are looking for an alternative to cigarettes, Tom Hackman and Joyce Dowd of Admitting suggest eating something healthy, like yogurt.



How are large whales returned to their ocean home? As members of the MGH and the New England Aquarium found out this summer, the answer is—very carefully and with much advance planning. (Photo by Dennis Stierer)

MGH lab helps “outpatients” get into swim of things

While many from the MGH spent time this summer on the ocean, members of the Acute Care Laboratory were busy helping those who live in the ocean.

The MGH lab performed blood gas tests on three whales, which beached themselves last year. The testing was done just prior to the whales being released in June by the New England Aquarium.

Domenic Misiano, the Technical Director of the Acute Care Lab, arranged for Aquarium officials to borrow an instrument similar to that used in the lab in order to perform blood gas determinations during transport and prior to the release of the mammals off the coast of Cape Cod.

Unlike humans, whales breathe voluntarily. There was concern that during transport, the weight of their bodies would restrict their breathing and they

would become hypoxemic (deficient in oxygen in the blood).

Leonard Tochka, first assistant of the Acute Care Laboratory, along with other members of the lab’s staff, instructed marine biologists from the Aquarium in correct specimen handling techniques and in the use and maintenance of the instruments.

Together they analyzed specimens from Notch, Tag, and Baby taken before and during transport.

Many blood samples were obtained, helping to assure the whales’ continued good health during the time they left the Aquarium on route to the Cape.

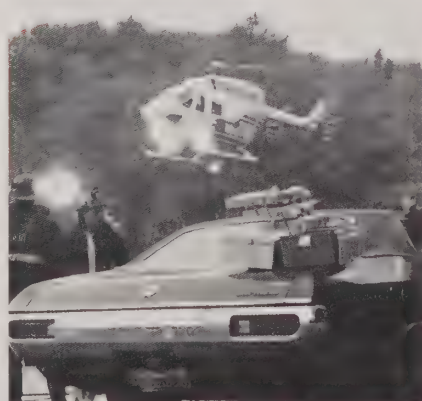
As is turned out, the “patients” tolerated the trip very well and were released to their ocean home. At last sighting, Notch, Tag, and Baby appeared to be enjoying their freedom and their good health.

In General

A special fund has been established at the MGH in memory of Rosa Herrington, an employee of the Radiology Film Library, who was found slain last month in Dorchester. Contributions to the fund to be used exclusively for her two children may be sent to the Rosa Herrington Memorial Fund, c/o MGH Treasurer’s Office, Box 135, Boston, Massachusetts 02114. Thank you to all who have contributed.

The Training and Development Office is offering you a chance to earn a standard high school diploma through the Continuing Education Institute of Needham. If you are interested in enrolling, contact Training and Development at Ext. 2230, or come to an open house/orientation session on Tuesday, September 15, from 4-6 p.m., in the Training and Development classroom on Bulfinch 2.

This past summer, Boston Med Flight celebrated its second birthday. In that time, the emergency helicopter service has made more than 800 flights. In the last fiscal year alone, the MGH received 132 patients, nearly a third of all flights made and the largest number of any of the seven Boston hospitals participating in the service.



Boston Med Flight is two years old and still flying high.

MGH history keeps

While the MGH begins the process of building for its future, construction workers at the tower site have unearthed an interesting bit of its past.

Pilings have been found several feet below ground adjacent to the Baker Building. The pilings are believed to be part of the old Ward F or Gardner Building, constructed in 1894. Ward F combined with Ward A (Warren Surgical) in 1915.

Ward F was used primarily for medical patients, although later some radiology was also housed in the building. It was demolished in 1940 after the White Building was completed.

In recent years, that area was the site of Temporary 1. But since this structure was a prefab building, it was not necessary to dig into the ground to

remove the pilings below.

Now that the caissons for the first in-patient tower are going into place, however, it’s necessary to remove the old pilings from the area.

“We have no idea how many are here,” explained Billy Ryan of Walsh Brothers Construction. “But we did expect to find some as we prepared the area for the caissons.”

One of the pilings removed may be transported to an area behind Associate General Director Lawrence E. Martin’s office, where it would be saved with another piling uncovered during the construction of the White Building.

A part of the MGH past that will be preserved, if not forever, then at least for a while longer.



Pilings being dug up now are believed to be from Ward F (in right foreground). Photo was taken prior to construction of the White Building.

Gallstones

from page 1

medication after lithotripsy to help dissolve stone dust remaining in their gallbladder.

“The gallstone treatment is gentle enough that two thirds of the patients being treated in Germany require no anesthesia,” said Dr. Ronald A. Malt, an MGH Surgeon and Professor of Surgery at Harvard Medical School. “A little sedation is enough for most of the rest, and only a few require general anesthesia. Thus the possibility of a shorter hospital stay, or even outpatient treatment, is foreseeable.”

Dr. Malt said that currently the average hospitalization for patients undergoing gallbladder surgery is 8.6 days, while those treated with the lithotripter average two or three days.

Another kind of lithotripter—the kidney lithotripter—made news three years ago when it successfully crushed kidney stones of patients who formerly would have undergone surgery for stone removal. The MGH was the second medical center in the U.S. to begin trials with patients using the kidney machine.

The gallstone lithotripter works much the same way as the kidney device, employing several hundred high pressure shock waves transmitted from outside the body to crumble stones into tiny particles. But unlike the kidney machine, the gallstone machine does not

require the patient to lie in a tub of water, nor does it use X rays for focusing on the stones. Instead, the patient lies on a table and undergoes treatment while the stone is kept in focus by ultrasound waves.

“The gallstone lithotripter is not inexpensive,” said Dr. J. Robert Buchanan, MGH General Director. “By making this partnership between the New England Medical Center and the MGH, we will reduce by half the investment each hospital has to make. The fact that two institutions affiliated with different medical schools are joined in such high technology presents a model we hope will be emulated.”

Dr. Jerome H. Grossman, President of New England Medical Center and Dr. Randolph B. Reinhold, the hospital’s Chief of General Surgery, believe the long-term implications of gallstone lithotripsy are major and will offer many patients an opportunity to avoid surgery.

The machine is being built in Germany and is expected to arrive this winter, when trials involving patients will begin. Physicians say they expect to treat approximately 200 patients on an experimental basis over six months. Potential patients will be enrolled for the study this fall through their physicians.

A new season begins for the men...

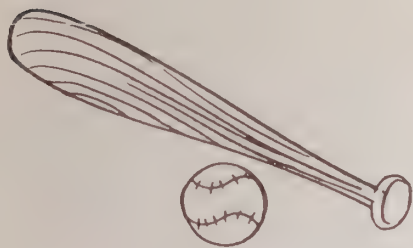
After a rain delayed and abbreviated regular season, the playoffs are under way in the MGH Softball League.

Last year's champion, the Electric Shop, entered the playoffs with the league's best record. But the other teams are hoping to send some shock waves through Electric's circuit leading to another championship.

The final regular season standings were:

Electric	6-2
X Ray	4-3
Carpenters	4-4
HVAC	3-5
Personnel	2-5

The Electric Shop plays HVAC and X Ray takes on the Carpenters in the first round of the playoffs. Personnel was eliminated from postseason competition.



And for the women

While the boys of summer have been going at it along the banks of the Charles, the women have been anything but pushovers on their field of battle.

The MGH Women's Softball team finished the 1987 season in second place in the eight-team Boston Parks and Recreation League with a record of 12 wins and 2 defeats.

This put the MGH team in the playoffs in their quest for their very first league championship.

For the women, the 1987 season has been a total team effort with a new hero emerging in almost every game.

Coached by Lenny Wasileski, the club has combined a well-balanced offense, good pitching, and a solid defense to make this its most successful year ever.

Members of the team are Gloria Gallagher, Judy Sacco, Linda Langone, Toby Pearlstein, Jeannette McWilliams, Joy Higgins, Mary Donovan, Nancy Madsen, Laurie Lynch, Linda Weidner, Nancy Schaeffer, Kathy Jewell, Judy Lenz, Emily Medford, Pat Sedenger, and Sue Fleming.



Part of the large crowd listening to remarks made by Dr. Buchanan.

Meeting

from page 1

The General Director reported that projections for the current fiscal year indicate that the MGH should end September 30 with a surplus of around a half a million dollars, or maybe less. This is a tiny fraction of the hospital's total budget of close to \$400 million. "We will, I believe, break even," he said. "We had hoped for a surplus of about a million dollars, but the utilization of the facility has gone up substantially. Not only has there been an increase in the number of admissions, but also an increase in the number of patient days. This is due to difficulty with discharge arrangements for those who need long-term care."

Despite these budgetary projections and predictions, the General Director made it clear that there are no plans for any layoffs. "We have a skeletal crew as it is," he remarked. "Our head count [of employees] is the lowest it's been in the five years I've been here, and we have no plans to do anything to make it any lower."

On the subject of jobs, Dr. Buchanan indicated that the hospital currently has more than 300 openings, not including those in the Department of Nursing. "This has created problems throughout the entire institution," noted the General Director. "In Nursing, if the current commitment of new recruits comes to pass, there will be fewer than 90 vacancies. That's a tolerable base line. But I would urge all employees to help encourage people to apply for positions here."

On other matters, Dr. Buchanan said that although he would have no objection to expanding the number of Residents, it could not be done without an additional cost and would have to be approved by an outside accrediting body which approves criteria for establishing the number of Residents for a given system.

September 18 has been set as the date for Computer and Finance personnel to begin moving to Charlestown. In early 1988, research personnel will relocate

there. "We have been mindful all along that the move to Charlestown had the potential for the MGH becoming a divided family," acknowledged Dr. Buchanan, "but we are doing every thing possible to see that doesn't happen." There will be an increase in the MGH shuttle bus service, and discussions have been under way with the MBTA in an effort to increase mass transit in that area.

In addition, Dr. Buchanan talked about two other subjects—drugs and an increase in the number of bicycle thefts.

"The MGH stands ready to provide assistance to any employee who wants to overcome a drug or alcohol problem," he stressed. "But we will be aggressive in our discipline of any employee who doesn't seek help or who is dealing in drugs."

The General Director also reminded all employees that they are not allowed to park their bicycles inside any building. "It's causing a major maintenance problem," he said. "Security will be beefed up in the area of the bicycle storage lot on Parkman Street, and a new chain link fence will be installed."

On the issue of the proposed life care community in Westwood, Dr. Buchanan reported that an active marketing effort is under way and that 216 people have already made deposits on units. A goal of 300 deposits has been set for the middle of October.

On subjects addressed by employees, Dr. Buchanan said that:

- The hospital continues to go forward with plans for the construction of the new towers, despite the possibility of new legal action taken by abutters.
- The termination of a reciprocal arrangement between the MGH and the Mass. Eye and Ear Infirmary, which was not a contractual policy or benefit, resulted from the MEEI's wishing to go to a new group practice format.
- No clinic staff member should ever take the attitude that an MGH employee should seek medical attention at another hospital. "I find that appall-

ing," said the General Director.

With difficult economic issues dominating so much of the meeting, Dr. Buchanan stressed that although uncertainty prevails, there is no reason to be pessimistic about the future. At one point, he shared with the audience words often expressed by Associate General Director Lawrence Martin. "He always says, 'Don't worry. We always come through. We always make it. And we always will because we have tremendous people.' I really believe he's right."

Recognizing contributions

One of the fundamental principles of fund-raising is that you have to spend money in order to make money.

And this was one of the issues addressed by MGH General Director Dr. J. Robert Buchanan at the July 31 Town Meeting.

Referring to a coming social event to be held in connection with the hospital's Capital Campaign, Dr. Buchanan stated that it would be unrealistic to have an ambitious fund-raising campaign without putting on such affairs.

"You simply cannot raise money without acknowledging the generosity of your donors, and you can't do it without involving potential donors, as well," he said.

The money used to pay for these social events has been donated and does not come from the hospital's budget.

"Although it may seem paradoxical in these difficult economic times," added the General Director, "it is essential to recognize donors in this way in order to reach our Campaign goal."

The official goal is \$169 million by December 31, 1989, but Dr. Buchanan noted that in reality it's actually \$6 million more than this because of costs added later to pay for the rebuilding of the Emergency Ward.

As of last month, just over \$120 million has been contributed. This means that \$55 million is left to be raised in less than 2½ years. "It will require us to raise more per month than at any time during the history of the Campaign," said the General Director. "But I'm confident we can do it."

Last year, \$16 million was donated to the Campaign.

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Scott G. Davis, *Editor*

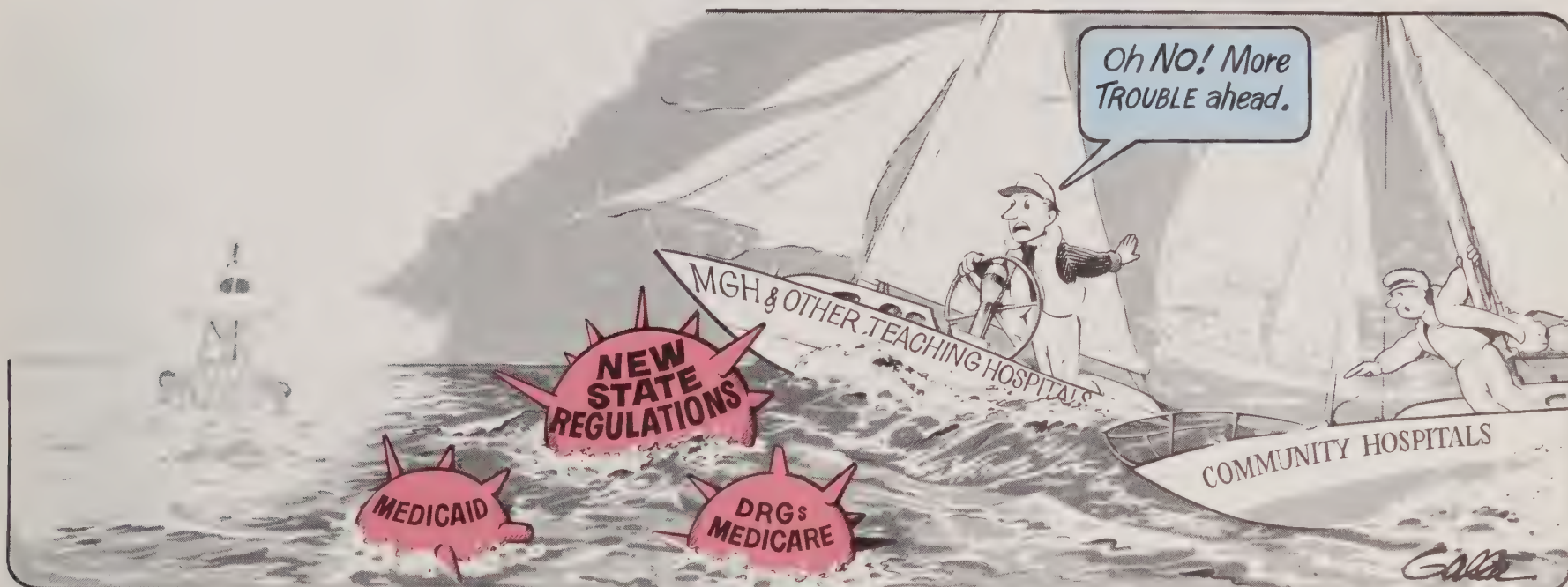
Doris G. Schreckengast, *Copy Editor*

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10 September 1987

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of Massachusetts General Hospital
Bulfinch 1, Extension 2206

MGH tries to avoid CAPsizing in sea of regulations



New health care rules have MGH seeing red

Today is Thursday. And for more than 6,000 employees of the MGH, that means another pay day.

As you open those brown envelopes you've been waiting for all week, think of the hospital as receiving one, as well. Because for the past five years, this is how hospitals in Massachusetts have operated. The state Rate Setting Commission sets the "wages" that all payers except Medicare pay the hospital for its work. And the Commission doesn't take into account that we all have been working harder and paying more for our goods and services to serve the patients. And the "wages" available on the federal level, instead of going up, have actually gone down.

Not a pretty picture, is it? All of which leads people like Richard Crater to ask, "How much longer can we continue?"

Mr. Crater is Director of Fiscal Affairs for the MGH. He is the person who helps keep the MGH in the black. But when it comes to the budget for Fiscal 1988, all he can see is red.

"If the same conditions exist this coming fiscal year that we had in the last fiscal year, we would have a deficit of about \$16 million," estimated Mr. Crater. "To say things would be tougher would probably be an understatement."

At the end of the current fiscal year on September 30, the MGH expects to have a surplus of about \$500,000 on a budget of \$370 million. But Mr. Crater quickly points out, although the MGH has the largest budget of any hospital in the state, that doesn't necessarily mean the hospital has any advantage.

"There's an aggregate formula the

state uses in determining hospital budgets," he explained. "Basically, the state looks at 1987 actual costs, inflates them to 1988, and allows for some increases in volume. Then they take 2% away from this amount, and that is our allowed budget or 'wages' for the year."

Adding to the MGH's problem, according to the Fiscal Affairs Director, is that 43% of all Mass. General patients come under Medicare or Medicaid reimbursement.

Continued on page 4

Financial health of hospitals in critical condition

Expected shortfalls, unexpected pitfalls. Fewer staff, more critically ill patients. More paperwork, less time. Filled beds, unfilled promises.

These are some of the conflicting realities Massachusetts hospitals face in the era of state regulations.

For the past five years, all general hospitals in the state have been told what they can spend. But what they haven't been told is how they can live within the means dictated to them while the cost of goods and services hospitals buy is going up all the time.

As a result, the words cutback and layoff have now become a major part of the vocabulary of every hospital administrator in the Commonwealth.

State regulations. Ask people around the MGH what they think of them, and you'll probably get a variety of responses. To some, they are confusing, to others, they are time consuming, and to still others these rules imposed by our lawmakers are & * # @ * & @!

While officials of the MGH acknowledge that some regulations have been successful in holding the cost of health care down, they warn that a continuation of a cap on revenues could come at a very high price.

"The bottom line," stated MGH General Director Dr. J. Robert Buchanan, "is that the quality of hospitals cannot be maintained in the handful of overregulated states. What happens over the next few weeks will determine what kind of environment we can offer our patients and employees."

So far, the MGH has been able to maintain the highest quality of standards and performance despite governmental restrictions. To maintain that quality, however, employees have had to work harder. And with the prospect of more spending limitations, officials say the future is uncertain.

"Over the past five years, we have had to treat the same patient in a shorter period of time. This has put added pressure on the entire institution," said Catherine J. Robbins, Director of Cost and Payment. "Our concern is that the proposed payment systems may make that situation worse next year."

Continued on page 4

The state we're in

Like it or not, it's a whole new ball game.

There once was a time when financial decisions affecting the MGH were, in fact, made at the MGH.

Not any longer.

In the past several years, the playing field has moved a few blocks up Beacon Hill from the MGH Trustees' Room, usually to a legislative hearing room.

And most would agree that the game clearly is hardball.

In the days ahead, the financial future—and perhaps the future itself—of the MGH and every other hospital in Massachusetts will be determined at the State House. The issue of health care legislation will first be considered by the legislature's Ways and Means Committee, chaired by Representative Richard Voke of Chelsea and Senator Patricia McGovern of Lawrence. Before a major money bill moves onto either the full House or Senate for approval, it must

go through their Ways and Means Committees for a fiscal impact review.

Specifically, the Ways and Means Committees will be taking up a bill passed this summer by the legislature's Joint Health Care Committee, chaired by Senator Edward Burke of Framingham. This bill:

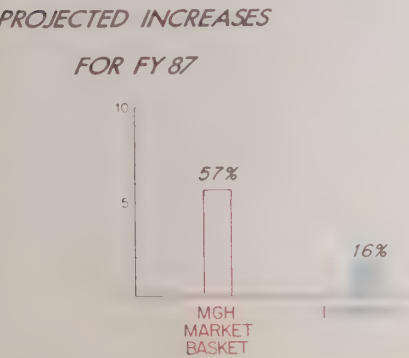
Continued on page 3

Editor's Note—Making your feelings known to state legislators is very important. If you would like to send a letter and don't know the name of your senator or representative on Beacon Hill, check at the campaign information desk at either the Warren or Wang ACC lobby, or ask your supervisor or department head. Letters should be sent to the elected official, in care of the State House, Boston, Massachusetts 02133.

Dr. Buchanan speaks out

On April 13, Dr. J. Robert Buchanan, MGH General Director, testified before the Massachusetts Legislature's Joint Committee on Health Care on the impact state regulations have had on the MGH and the need for reform. Here are some of his remarks:

The current limits to hospital payments are denying our hospitals the ability to respond to the competition of the marketplace and to meet the needs of their employees and communities. ...As we look ahead, we see a most disturbing trend. The gap will continue to widen between our costs and our revenues.



The first figure is the inflation rate of goods that the MGH must buy. This is our market basket, what it costs us to remain in business. It includes wages and salaries and the cost of energy and medical supplies. Most of these items are beyond our control. This fiscal year that figure stands at 5.7 percent. At the same time, payment for patient services will rise only 1.6

percent. This is clear evidence that refutes the opinion that hospitals are making substantial profits. And, as I've said, there is no more excess to trim. Forces of the market combined with state regulations are driving us toward red ink. We will have no funds to meet new demands for services. For example: Nurses are in very short supply. To attract nurses and to keep them, we are going to have to increase our budget for salaries. Where will we find the money to raise the pay for nurses and other staff? Where, for that matter, will we find the money to add services to care for the increasing number of elderly? Where will we find the funds to renew physical plants, and to adopt new cost-effective technologies? ...If there is no release from the regulation of revenues, hospitals will be forced to change the types of services they offer. They will be forced to lay off more people; cut back on programs, such as outreach clinics; specialize in the procedures that pay the best; limit or eliminate money-losing activities like emergency wards; slow the adoption of medical technology that would offer more effective care. Some hospitals could close. I cannot stress too strongly that eliminating caps on reimbursement is the heart of the matter. That section is vital to creating a sound financial position from which we can respond to the other initiatives included in the bill. In order to provide health care for all citizens of this Commonwealth, hospitals must have a sound financial base. ...To continue under these regulations would weaken the foundation of Massachusetts hospitals.



Critical services may be affected unless hospitals get relief.

August 31, 1987 (Reprinted courtesy of The Boston Globe)

Health care and health workers

A great deal is at stake in the comprehensive bill to regulate and finance health care in Massachusetts. Its provisions will touch every segment of the health-care field. The bill will affect nearly a half-million workers, including the nurses and technicians who are in critically short supply; the 660,000 persons who lack health insurance; the health insurers competing for business; the employers who offer health coverage, and those who do not; the state's huge private-hospital complex; its proud teaching and research centers; and the patients who rely on all of it. The major new strategy is to insure everyone who now is uninsured - primarily the working poor, whose employers offer no health coverage, and the unemployed. One way is to do away with a federal ban against health coverage being mandated as a job benefit. Sen. Edward Kennedy has filed national legislation to require employers to offer basic health coverage. Short of that, Massachusetts is seeking an exemption from the ban. Alternately, Massachusetts would create its own universal health-insurance plan. As many as five approaches may be on the table when the Legislature returns in September. But the spotlight that is now focused on insuring the uninsured should not be allowed to black out the other issues in the bills. All call for a cap on hospital charges, one that would not exceed 4 1/2 percent for inflation plus one percent on top. That sounds reasonable only to those not familiar with the current financial situation facing hospitals. The proposed increase will not apply to elderly patients on Medicare. Medicare cutbacks will hold Medicare payments to hospitals at a standstill. Insurers and younger patients will have to pay the higher cost of elderly persons' bills along

with their own. Furthermore, the state will reduce its Medicaid reimbursement to hospitals for indigent patients by \$20 million, by reducing payments for patients awaiting admission to nursing homes. Additionally, under new federal rules to protect health workers against AIDS, Massachusetts hospitals will have to spend \$20 million for disposable equipment and protective gear. On top of these and other increased operating costs comes the whopper. The growing shortage of hospital personnel, particularly nurses and technicians, means that unusually high wage increases are in the offing. The proposed 5 1/2 percent cap on hospital reimbursement would add \$90 million to the \$5 billion operating costs of the state's 107 general hospitals. But 5 1/2 percent pay raises would cost the hospitals \$165 million. And the 50,000 hospital-based nurses, who now earn less than schoolteachers, are not likely to settle for 5 1/2 percent or even twice that much. Health-care workers are a big part of the Massachusetts economy; health-care-related jobs have become the largest employment category in the state. Massachusetts General Hospital is now the largest employer in Boston, where 25 percent of all jobs are in the health field. At MGH, the proposed cap will cause a \$16 million loss, one the hospital cannot absorb and stay whole. As the legislators weigh the health-care proposals, they should not lose sight of how much is on the line: the range of services, the quality of care, staffing for patients who are increasingly older and sicker, and the burden of the AIDS epidemic. Nor can they ignore the well-being of the health-care work force or the extent to which Massachusetts medicine draws industry here and expands the economic base. Unwise cost containment would do more harm than good.

Coming to terms with health care

- Cap**—A limit to the amount of revenue that a hospital can generate.
- DON**—Determination of Need. Since 1972, Massachusetts has operated under a law requiring state approval for hospital additions to services and improvements over a certain amount of money.
- DPH**—Massachusetts Department of Public Health, the agency responsible for overseeing health care in the Commonwealth.
- DRG**—Diagnostic Related Group, an inpatient classification of illnesses into 168 groups which require the use of similar medical services. The Medicare program uses this to pay hospitals a certain predetermined sum for each group. In Massachusetts it also has an impact on the reimbursement for non-Medicare patients.
- Free Care/Bad Debt**—Free Care is given when a patient is judged unable to pay part or all the bill. Bad Debt is the amount of the bill not paid when a person is considered capable of paying.
- HMO**—Health Maintenance Organization, a form of group practice that provides all of the patient's needs for a fixed annual sum.
- JCAH**—Joint Commission on Accreditation of Hospitals, an organization that certifies hospitals' conformance to industry standards and practices.
- Medicaid**—A joint state-federal program which provides health care coverage to Massachusetts residents unable to pay medical bills.
- Medicare**—A federal program to provide insurance which covers hospital and physician services for people over 65 who are Social Security eligible. It also covers people who are permanently disabled. Approximately one third of the MGH's revenue comes from Medicare.
- Patient Days**—The number of days spent by a patient in the hospital.
- Revenue**—Gross Revenue is the amount of charges for services rendered to patients. Net Revenue is the actual amount of cash a hospital will receive for rendering services.
- State Board of Registration in Medicine**—Agency that oversees the conduct and performance of doctors in the Commonwealth.
- Third Party Payers**—Organizations obliged to pay hospitals or subscribing members for medical services. These include private insurance companies, HMOs, Medicare, Medicaid, Blue Cross, and Workmen's Compensation, among others.
- Utilization Review**—A review to determine whether hospital services for a patient are/were medically necessary. It is conducted by the hospital and/or a Third Party Payer.



Financial decisions that were made here...

Are now made here.

State

from page 1

- Places an overall cap on hospital charge increases at an average of inflation plus one percent over three years.
- Provides for some cuts in Medicaid payments to hospitals.
- Limits the level of Blue Cross payments to hospitals which can be approved by the State Rate Setting Commission; and
- Reduces the payment which hospitals require for building improvement obligations.

In addition, this committee will probably be considering other proposals which may be filed, including one by Governor Michael S. Dukakis. While the Governor's plan focuses on providing insurance coverage for the uninsured and underinsured, it's expected that his proposal will also call for a cap on spending.

Why is the legislature trying to limit hospital spending and revenues?

One theory is that businesses are looking at their financial projections for next year and seeing that their costs are going up. One of those costs is health insurance. So company presidents and chief executive officers are going to the legislature to get them to do something about it.

Hospital officials acknowledge that costs are on the rise but that hospitals are only one factor in the entire health care picture.

Indeed, the MGH has initiated and developed cost effective programs aimed at reducing patient days, a major source in reducing costs. These have included eliminating some pre-op days, utilizing devices such as the kidney lithotripter that eliminates the need for surgery for some patients, and performing many procedures as day surgery instead of as inpatient surgery.

And hospitals officials believe health care inflation is a problem that cannot be solved independently, but rather, should be dealt with by hospitals, insurance companies, and the private sector.

Leading the effort to find a solution has been the Massachusetts Hospital Association, which introduced its Health Care Financing and Delivery Reform Act earlier this year in the form of House Bill 3479. But the MHA proposal, which included the elimination of

caps on hospital expenses, did not receive much support by the Health Care Committee.

So now the attention turns to what the Ways and Means Committee will do. And it's certain that politics will be as important as finances.

"These are elected officials who will be hearing arguments on all sides," noted Mr. John M. Pender of the MGH's Office of the General Counsel. "They will be hearing from the business community that sees its insurance costs going up and also from those people who don't want to pay for services someone else may be using."

But if hospitals are to avoid major cutbacks in services and programs, the voices of those most affected by the proposed regulations must be heard...the patients who use the hospital services and the employees who provide them.

"No issue has been more important in recent years than this one," said Dr. J. Robert Buchanan, MGH General Director. "I urge anyone who cares about the future of hospitals to call or write his or her state senator or representative."

Washington's focus on cost containment

The proposed Massachusetts legislation is coming at a time of reductions in health care financing at the federal level. Congress is now considering a final budget for the coming year. Nothing is certain until the bill, called the Budget Reconciliation Act, is resolved between the House and Senate and signed into law, but observers of the Washington scene expect cutbacks in several areas concerning hospital income and Medicare reimbursement.

The bill, currently before the House, offers only a 0.75 percent increase in the payment for Diagnosis Related Groups (DRGs), the basic units under which reimbursement is given for the care of Medicare recipients. With the current climate for cost containment in Washington, the final version of the bill may offer even less. Consequently, hospitals expect to find their income per DRG fixed at or near current levels. There will be very little allowance for inflation on expenses to deliver care.

The Medicare payment system is continuing a transition to a uniform system of DRG payments to all hospitals based on national averages of hospitalization costs. However, just as the cost of living is high in Boston, so are hospital expenses in Boston higher than the national average. Thus Medicare will be shortchanging Boston teaching hospitals.

The bill proposes a drop in the allowance for teaching and educational expenses. This provision would particularly hurt the MGH and other academic hospitals. Currently an extra factor, called the indirect medical education adjustment, is added to each DRG payment to compensate for the costs of teaching. That factor is now 8.1 percent. The administration originally proposed cutting that figure in half, but the House Ways and Means Committee reported out only a modest reduction to 7.9 percent. A House and Senate conference committee will make a final



Wouldn't it be great if...

How we got to where we are

1976—Chapter 409 enacted. Chapter 409 set up a cost-based reimbursement system tying hospital revenue increases to statutorily established "reasonable financial requirements." It also stipulated what costs would and would not be recognized by the Rate Setting Commission. Chapter 409 sought to establish a cap on hospital charges and revenue increases.

1980—Chapter 540 enacted. This statute maintained the Chapter 409 intention, but for the first time the legislature mandated a specific statewide percentage increase cap on hospital charges and revenue increases.

1981—Chapter 432 continued Chapter 409 and the mandated percentage increase cap but on a regional basis.

1982—Chapter 372 enacted ushering in a new more all-consuming cost containment system. Chapter 372 set up a prospective payment system based on all payer system. Revenue increases were capped to the level of the increase of the hospital's maximum allowable costs. Chapter 372 went on further to apply "productivity factors" designed to reduce the rate of increases in overall hospital revenues by 7.5% over the life of the bill.

1985—Chapter 574 was enacted to amend Chapter 372 due to Medicare's withdrawal from the all payer system established in Chapter 372. Chapter 574 also placed limits on hospitals' ability to shift charges in order to make up for the shortfalls in payments by payers and established a free care bad debt pool to reimburse hospitals for services provided.

Chapters 372 and 574 expire on September 30, 1987.

recommendation. No one knows what that final figure will be, but it will likely be less than the Ways and Means Committee's figure.

While these issues are being resolved, the MGH must still budget for the coming fiscal year. Since the General Hospital's surplus in 1986 was less than one percent of income, any reduction in federal Medicare payments is cause for concern. But the proposed legislation could be devastating. If the reimbursement for teaching costs were set at 6 percent—only a small reduction from the current 8.1 percent—this change alone would cost the hospital \$4.5 million in 1987-88.

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Caps may be good as a covering for the head, but for the MGH, they can cause a big headache in covering expenses.

Red

from page 1

"Federal reimbursements have gone down each year for the last two years even though our costs have gone up," Mr. Crater stated. "And this year will be no exception."

Needless to say, cost containment on the state level combined with cutbacks on the federal level spell trouble on the MGH level.

The state legislature's Joint Health Care Committee this summer considered proposals to modify Chapter 574, the cost containment bill that expires on September 30.

"The purpose of cost containment was to reduce the high cost of health care, and to that end all hospitals have been very successful," remarked Mr. Crater. "At the MGH, our cost per patient discharge has increased less than 10% since 1982. There is no hospital in the state making a huge profit. In fact, most hospitals have had to cut costs, even by laying off employees. This is not something any hospital wants to do. But it is clear that for many to survive something must be done."

Testifying earlier this year on Beacon Hill (see page 2), Dr. J. Robert Buchanan, MGH General Director, urged lawmakers to support changes in legislation which dictates the way hospitals are paid for their services. Dr. Buchanan explained that two major factors have been responsible for cost savings at the MGH: lowering the average length of stay for patients and reducing the work force, mostly by attrition.

"This cannot go on indefinitely," he stated. "In the past five years we [the MGH] have cut and trimmed and re-adjusted in every department in the hospital. I'm here to tell you that there is very little we can do to trim more. The fat is gone."

And he further warned that market forces combined with state regulations are driving hospitals towards red ink. "What are hospitals to do?" he questioned. "I assure you that we will not lower the standard of care. But if there is no release from the regulation of revenues, hospitals will be forced to resort to some combination of these possibilities: lay off more people; cut back on programs, such as outreach clinics; specialize in procedures that pay

the best; limit or eliminate money-losing activities like emergency wards; slow the adoption of medical technology that would offer more effective care. Some hospitals could close."

The MGH is not about to shut its doors, although Mr. Crater acknowledged that "it's getting harder to function" with the stringent regulations now in place. Furthermore, the hospital has requested a 9% increase in its budget. This additional amount would be spent in three categories: 1) programs, 2) money needed to comply with government regulations, and 3) inflation, including any potential wage and salary increase.

"Right now, our wage and salary program for fiscal 1988 is on hold until the issue of cost containment is resolved," said Mr. Crater. "We believe our request for an increase fairly reflects additional expenses this hospital will have to meet in the coming year."

Time will tell what will happen on Beacon Hill and Capitol Hill in the weeks ahead. Meanwhile, MGH officials continue to lobby lawmakers while urging support from members of the private sector.

Critical Condition

from page 1

Life at the MGH has indeed changed over the last five years under a system in which the amount of money we can spend as a hospital is controlled by regulations, not by what we can charge.

If you've recently been admitted as a patient to the hospital, for example, it's no accident that you've probably been asked as many questions about your finances as about your health.

"The laws almost require us to be financial investigators," remarked Martha Byington, Director of Admitting at the MGH. "A lot of the burden has now been placed on the patient to give us information about his or her finances and insurance coverage in order for us to determine the proper eligibility for reimbursement."

Ms. Byington points out, however, that this often puts her Admitting staff in a difficult position. "They have to ask very hard questions of people when

they are very sick," she said. "And we find that many patients are just not familiar with all of the details of their particular coverage."

One office that has helped patients to understand what their eligibility might be is the Government Programs Office. "We try to make them aware of different programs where funding may be available," explained Marti Lewis, Manager of Patient Financial Planning. "There's more of a need to justify and verify all information. But one of the problems we have faced with the regulations is that many of them are complex and conflicting and need to be better defined."

Once it has been determined what a patient is eligible for, the administrative paperwork is not over. The patient's entire hospital stay must come under review.

"We certify the days a patient spends here," said Nancy Sullivan, Director of Utilization Management. "Insurance companies, Medicare, or Medicaid want to make sure that their patients are here because they've needed the kind of care we provide. In order to be reimbursed, we must certify on paper the level of care they received for the days spent."

If all this sounds like it requires a lot of manpower to do a lot of paperwork, you're right. And this, hospital officials say, is a major part of the problem with state regulations.

"While the intent of the regulations was to keep the cost of health care down, it has in fact increased the cost of running the hospital," declared Dr. George P. Baker, Associate General Director for Medical Affairs. "We're actually in a Catch 22 situation. The state is requiring us to do all these regulatory procedures, but on the other hand we are not provided with the money to hire the people to perform these extra functions."

As an example, Dr. Baker said the hospital must comply with the State Board of Registration in Medicine mandate requiring all hospitals to tighten procedures governing physicians. This program is expected to cost the MGH about \$800,000 a year.

"It's regulations without reimbursement," he said.

And the big fear among MGH officials is that this problem will impact the hospital's ability to hire qualified personnel at all levels.

"What they [regulations] would do," pointed out Dr. Baker, "is take the hospital out of the marketplace in competing for manpower. Because of the low unemployment rate in Massachusetts, there is more competition for workers. But if we are capped, we would not be able to offer the same salaries as the rest of the economy which is unregulated."

As of late last month, there were nearly 400 job openings at the MGH, this, despite the fact that a Position Review Committee has been in effect for the past few years to make sure that only those essential positions are filled.

This figure, however, does not include vacancies in the Department of Nursing. For Nursing, which already is facing a major national personnel shortage, the prospect of continued revenue caps would be a severe blow.

"Developing more attractive professional practice conditions, including more attractive economic rewards, is a major issue in recruiting and retaining nurses," stated Mrs. Yvonne L. Munn, MGH Associate General Director and Director of Nursing. "Unless hospitals are able to provide adequate compensation to nurses, other short-term strategies to expand the supply of nurses will not solve the shortage problems over the long term."

Mrs. Munn's argument is put into greater perspective in light of recent statistics showing that today, more women are enrolled in the first year of medical school than in the first year of nursing school.

While continued revenue caps would have a severe impact on the MGH and other hospitals, the consequences of such regulations may also be felt in the Massachusetts economy.

Health care employs 162,684 people in the Commonwealth, accounting for about 20% of the total work force in the state. If health care workers leave the field because of better salaries offered in other professions, it could create a serious labor shortage in hospitals, and this could have a rippling effect on other businesses that depend on hospitals for their income.

At the MGH, a continuation of strict regulations and caps would probably mean changes in services and programs and perhaps what some fear would result in the creation of "mass production medicine."

"We would be doing more work for less money and in less time," said Dr. Baker. "But you just can't make a Mercedes at the same price as you can a Toyota. Society seems to tell us that everything should be an average product. The whole basis of DRGs is an average price for a given product. Well, the MGH has never produced an average product. And we never intend to."

Dr. Baker's frustration is shared by many others on White 1, including Lawrence E. Martin, Associate General Director, who has been affiliated with the MGH for nearly 40 years.

"It's very hard to watch so much time and money being spent on government regulations when that same time and money could be used on employees and patient care," asserted Mr. Martin. "I'm just as frustrated as anyone else who works here. But we've always been successful at finding a solution to our problems. And I think we will this time, too. We just have to."

14 September 1987

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Bulfinch 1 / Extension 2206

MGH

HOTLINE
UPDATE

LET YOUR VOICES BE HEARD



MGH Employee March on the State House

Wednesday, September 16

11:00 a.m.

State House Action Day, coordinated by the Massachusetts Hospital Association, is scheduled for Wednesday, September 16, at 11:15 a.m. The MGH will participate in this march and demonstration of concern by all hospital workers across the Commonwealth.

The guidelines for MGH employee participation will be on the following basis: Any involvement is strictly voluntary. Patient safety or treatment will not be affected, and explicit permission from the immediate supervisor must be given. Noncritical changes to routine work will be permitted. Since the focus of this action is to demonstrate the impact on the health professionals and workers, all management and supervisory personnel have volunteered to remain behind to take the place of an excused

(OVER)

worker. Employees who participate should meet on the Bulfinch Lawn by 11:00 a.m. The contingent will then proceed to the State House, where the rally is scheduled to begin at 11:15. The rally will end around noon, at which time employees will return to their respective hospitals.

This rally is extremely important to all of us in health care. We need to show our concern with the over regulation of health care. YOUR WILLINGNESS TO PARTICIPATE AND COOPERATE IS NEEDED AND APPRECIATED.

UPDATE:

Governor Dukakis last week unveiled his health care plan calling for a guarantee of universal health insurance coverage to all Massachusetts residents. While hospitals are not opposed to providing coverage for the uninsured and underinsured, the Governor's proposal would still impose the continuation of revenue caps similar to that approved by the Legislature's Joint Health Care Committee.

Thursday, September 10, 1987

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The Boston Herald

Closer look needed

ONE thing certain about the bill Gov. Michael Dukakis unveiled Wednesday to extend health insurance to 660,000 Massachusetts residents who do not have it now is that it will cost a load of money — up to \$600 million by some estimates.

Another sure bet is that, barring a frankly unexpected boost from the federal government, it will be devastating to small businesses and their employees who will eventually have to shoulder that economic burden.

Getting less attention, however, is a provision in the governor's bill for a "cap" on hospital charges to keep the cost of care from rising out of sight. Supposedly, these charges would be held to 2 percent over the annual inflation rate for three successive years.

At first glance this looks good, particularly to any recovered patient who, either personally or through an insurer, has had to deal with a hospital bill in recent years.

However a second glance, a closer, more objective examination at what the ultimate impact a cap such as this would have on patients, hospital personnel, and the quality of health care might change some minds.

For example, if inflation

adds 4.7 percent to hospital costs in 1988, they'll be able to boost their rates by 6.7 percent. This might seem to be a fair return — except that as a practical matter only the 50 percent or so of patients with either insurance coverage or sufficient resources will pay it. That alone cuts the increase in half.

Furthermore, the formula makes no allowance for another all-but-certain cut in Medicare payments by the federal government, as well as a \$60 million reduction in Medicaid, in '88.

Figure those three factors into the equation, and the gross 6.7 percent boost shrinks to a net of 3 percent. That may be too small a sum to keep some of the state's 106 acute care hospitals afloat or in a position to give the public the level of service they have a right to expect.

It surely will be insufficient to give nurses and other professional help pay raises anywhere near what they deserve; on the contrary, it might drive many of them to seek other, more rewarding employment. It won't raise enough funds to replace equipment or continue to provide health care for the elderly, and it might well force smaller hospitals to close their doors.

And only condo converters would benefit from that.

MGH **HOTLINE**

17 September 1987

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Moving experience for some about to begin

By this time tomorrow (Friday), the first phase in one of the most extensive relocations in MGH history is expected to be well under way.

The boxes are packed, and the walls are bare as personnel from Accounting, Billing, and Computer Services prepare to move their offices from Stanford Street and Charles River Plaza to Building 149 in the Charlestown Navy Yard.

Coordinated by Joshua Winslow of Facilities Engineering, the relocation has been in the planning stage for several months.

If you've ever moved from one residence to another, you know just how chaotic it can be. Well, just imagine what it will be like to move more than 300 people, office equipment, furniture, not to mention a large computer system, to a different location, while keeping disruptions in normal hospital procedures to a minimum.

Yet this is the goal.

"The move officially begins on Friday, September 18, and we hope to have everything in place by Sunday night," said Mike Standley, Director of



As these painters prove, you just can't paint a flag pole without a long handle on your brush.

the Planning Office. "It's an ambitious goal. But it's one I'm confident can be met."

Monday may not exactly be business as usual for Accounting and for the Computer Center, but it's expected that the major part of their move will be completed.

And that's good news for all other MGH departments dependent on those two areas.

"We have tried to schedule the shut-down of certain computers to coincide with a time when they are in use the least," explained David Jensen, Director of the Computer Center. "We're actually going to start moving a lot of

continued on page 4



Ron Crandall and Patrice Gunnery of General Accounting find that packing is less of a chore when done together.

Others coming and going

The Accounting Department and Computer Operations are not the only areas on the move this summer and fall.

Several other units are either planning moves to other areas of the hospital or have already relocated from Gray 1 or Bulfinch 1. They include the following:

Clinical Administration to Phillips House 1 the week of September 21.

Chaplain's Office to Vincent 2

Volunteer Department to Vincent 2

Service League to Phillips House 1

Ladies' Visiting Committee to Phillips House 1

Security Office to Clinics Basement

Patient Care Representative's Office to the former Security Office on Gray 1. (This is a temporary move.)

All telephone extensions are the same.

The moves were necessary to accommodate the new Cardiac Catheterization Lab on Gray 1.

MGH celebrates a foundation for the future

The sounds of a brass quintet will fill the Bulfinch Courtyard on September 22 as the MGH dedicates "a foundation for the future." The foundation, of course, is that of the first of two new inpatient towers. When completed, the towers will transform the MGH into New England's most modern inpatient-care facility.

The dedication ceremony, which will begin at 4:30 p.m., marks an important milestone in the hospital's ambitious rebuilding program. But more, it celebrates those donors, employees, and public officials whose extraordinary efforts and generosity are helping the MGH bring its patient care facilities up to contemporary standards, thus assuring the hospital's continued ability to provide what many believe is the world's best medical care.

"We want to recognize and thank the people who have given this hospital millions of dollars to rebuild its patient care facilities," said William E. Walch, Vice President for Resource Development and Public Affairs. "Our benefactors are providing the core support for the entire building program, and their gifts are more important than ever before."

Without donations, the MGH could not afford the essential improvements now being made to its physical plant.

continued on page 3

Changes in the street scene

At least one road ahead should not be bumpy.

Work is getting under way this month to improve Parkman Street, which runs from the hospital's main entrance on North Grove Street east to Blossom Street.

Plans call for the road to be widened and for new curbstones and sidewalks to be constructed.

The MGH is also considering making a request to the City of Boston Traffic Commission to allow the one-way street to have two-way traffic if the proposed MBTA Blue Line extension goes ahead.

Rebuilding the MGH

The September 22 ceremony dedicating the foundation for the new inpatient tower also celebrates the successes of the Capital Campaign. Now entering its final two years, the Campaign has raised more than \$121 million towards a goal of \$169 million. Before the end of the decade the hospital must add \$48 million to Campaign totals.

"This has been the most successful fund-raising effort in the history of the MGH," says Herbert P. Dane, Campaign Director. "But the task that lies ahead is both a major challenge and the most crucial period for the Campaign and the rebuilding program."

The new inpatient towers are being built with funds that lie outside the normal operating budget of the hospital. The MGH has borrowed a portion of the construction funds, and the Campaign is called upon to contribute \$84.8 million. (The balance of Campaign funds has gone toward other priorities, including completing the Wellman Building, renovations to White and Bigelow, a new Cardiac Catheterization laboratory, and endowment for the Institute of Health Professions.)

"The timing is critical," continued

continued on page 3



It won't be paved with gold, but Parkman Street will be taking on a new shine in the weeks ahead.

Inside

Healthy gourmet dining
page 2

A voice for the blind
page 2

The season is almost over
page 4

Lending his voice so others can see the way

By profession, Frederick Koerner is an M.D., a member of the MGH Department of Pathology.

In that capacity, he uses his mind, his hands, and his eyes in the advancement of medicine.

But to some who cannot use their eyes, it is Dr. Koerner's voice that is his most important quality.

While not at work on Warren 2, Dr. Koerner is a volunteer for Recording for the Blind, a national organization that provides tapes primarily for blind men and women.

While some of the recordings are of popular material for general audiences, others are more technical in nature, geared to a specific group of people having an interest in a specialized area.

It is this material for which Dr. Koerner's expertise is needed.

"I record medical textbooks and manuals that are not currently available on tape. It's not what one would consider to be casual reading," explained the pathologist, who is believed to be one of the few medical readers for the organization in the country. "Other volunteers may also read such material as law books or computer science texts."

Dr. Koerner's skills are called upon when a request for medical material is made to the Recording for the Blind's headquarters in Princeton, New Jersey.

"Although I know little about those who use the recordings," he said, "I assume many of the borrowers are either blind or suffer from dyslexia or

some other impairment that would prevent them from reading the material themselves."

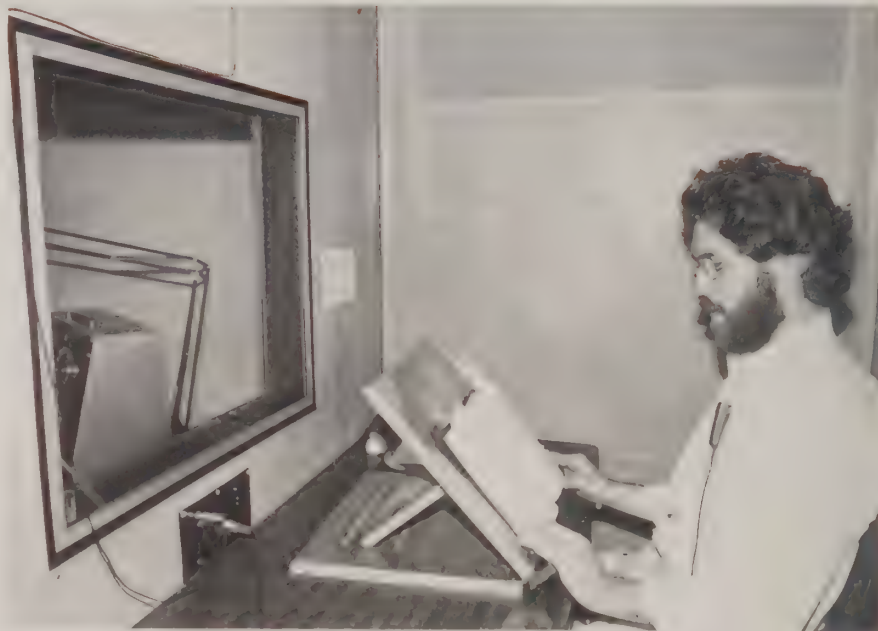
He also said he believes that not everybody who requests these tapes is a medical student or a doctor. Some, he says, may be other professionals who need to know about a medical development for their job.

About once a week, Dr. Koerner travels to the organization's local recording studios in East Cambridge, where he spends at least two hours reading from medical texts. It may sound easy, but the physician insists that there's more to it than meets the ear.

"We are expected to be as close to perfect as we can," said Dr. Koerner, who works with another volunteer who must monitor the tape as it is being recorded. "The material must be read as fast as possible but also as clearly as possible. If there is any kind of error or slip, you have to go back to the beginning of the sentence. There are some days when almost every sentence needs to be corrected. But fortunately, that doesn't happen too often."

Dr. Koerner and the other volunteers are not just responsible for reading what is there, but also for what is not.

"Many of the medical texts contain graphs, charts, or photographs that have to be described," he noted. "It's important to know at what point to describe them and how to describe them to the listener. It must be done precisely and accurately."



Dr. Koerner's voice helps many people who cannot see.

Dr. Koerner, who admits he hardly ever had an occasion to read out loud prior to his experience working for Reading for the Blind, explained that five or six pages can be completed in one session and that a 300-page textbook may take as long as 10 months to record, cover to cover.

The pathologist concedes that concentrating on technical material for two straight hours can be tiring. But he quickly adds that he derives much satisfaction, as well.

"I'm pleased that I can contribute to producing a quality product," said Dr. Koerner, who has been lending his voice to Recording for the Blind for the past year. "It's satisfying to see that a special and unique need is being met."

Judy Wasserman, a supervisor with the organization, believes volunteers like Frederick Koerner are performing a valuable service to people who find these tapes invaluable to their lives.

"The need is so great," she remarked. "There are so many people who would be without important information if it were not for the contribution of our volunteers. We can always use more people who would like to help."

And Dr. Koerner insists the effort for him is indeed worthwhile.

"If we are to make full use of all the talents in our society," he stated, "we must provide people with the tools they need. I'm glad I am able to provide whatever help I can."

Life-style

Dining out is in!

For the health conscious it need not be a dreaded experience if healthy, nutritious, and low-fat dining is what you are seeking.

Famous Boston chefs will show how this is possible at the MGH/Harvard Cardiovascular Health Center's "Heart Healthy Nutrition Series" this fall.

The "Heart Healthy Nutrition Series" is a six-session nutrition course which examines ways to lower your blood cholesterol by diet and still eat delicious meals.

Several chefs will serve as guest lecturers during the upcoming sessions, including: Roland Czekelius, Executive Chef at the Boston Park Plaza Hotel and Towers; Jasper White, Chef/Owner of Restaurant Jasper; Ric Bobroff, Chef at Rebecca's; and Danny Wisel, Executive Chef at Devon at the World Trade Center. Each chef will discuss low-fat dining and food preparation techniques. Dinner will be served using low-fat recipes each chef has created.

The Nutrition Series includes: medical highlights presented by a physician; registered dietitians presenting topics including recipe modification, label reading, the value of fish, legumes,



grains and soy products; a computerized diet analysis; and a complete heart healthy dinner.

The "Heart Healthy Nutrition Series" begins September 9 and October 28. It is open to anyone interested in learning about low-fat eating. For more information or to enroll, call Nadine Braunstein, M.S., R.D., at Ext. 5910.

The AIDS Educational Task Force is sponsoring a full day educational program for employees on Tuesday, September 22, from 8:00 a.m. to 4:30 p.m. in the Shriners Burns Institute Auditorium.

Although this program is free to employees, advanced registration is required because of limited space. You may register by calling the Training and Development Office at Ext. 2230.

As part of the Task Force's effort to educate employees about AIDS, the MGH will be joining other health organizations in participating in the AIDS AWARENESS WEEK, designated by the state, to be held October 5-9.

Exhibits, video presentations, poster displays, and printed material will be available in the Wang ACC lobby daily during the week from 10:00 a.m. to 4:00 p.m. Staff will also be available to answer questions.

On Monday, October 5, from 8:00 a.m. to 4:00 p.m., there will be a series of video programs in Walcott Room 2. On Thursday, October 8, mini workshops will be presented from 11:00 a.m. to 4:00 p.m., in Walcott Rooms 2 and 3.

Watch for flyers and posters listing the specific times for each video.

These videos will include the following topics:

- Epidemiology
- Research
- Prevention in the community
- Protection of health care workers
- Psychosocial aspects
- Resourcing and counseling
- General information and care

The MGH HOTLINE is published twice monthly by the MGH News Office.

William E. Walch, *Vice President for Resource Development and Public Affairs*

Martin S. Bander, *Director of News and Public Affairs*

Scott G. Davis, *Editor*

Doris G. Schreckengast, *Copy Editor*

Photos processed by MGH Photo Lab

An inside job

Up until now, the preliminary work on the new inpatient tower has been taking place in the courtyard behind the Phillips House. But this is about to change.

Work will soon begin *inside* the Gray Building and White Building to prepare for part of the new construction.

Specifically, a row of structural steel columns is buried in the wall of the corridor separating the two buildings from the basement up through the fourth floor. These columns will be reinforced in order to take on the additional load of supporting the new bridges that will be connecting the new tower patient floors with the White/Gray floors 5-13.

The process involved in "beefing up" these columns is far from delicate. It will require chipping away existing plaster and brick walls with small jackhammers, as well as opening holes in

the floor surrounding each of the columns.

Once the columns are made accessible, additional pieces of steel angles and plates will have to be carefully welded into place to provide the columns with the additional strength to shoulder their new burden.

Although this procedure will be noisy and disruptive, every effort will be taken to minimize its interfering with hospital activities. Much of this work may even be done from outside the building in order to limit some of the direct impact.

Many people around the hospital have commented on how little noise has been made by the construction so far. It is unfortunate that this quiet spell may be broken. But it is hoped the temporary inconvenience will eventually allow people to walk from the existing buildings to the new tower.

Foundation

from page 1

Indeed, the ability to raise the needed funds became a crucial factor in state approval of the project. Had the hospital needed to borrow the full amount, it would have had to pass interest costs on to patients. The situation would have inflated patient fees beyond acceptable limits. However, private donations will provide nearly \$85 million of the funds necessary for the hospital's modernization. These capital funds are separate from the operating funds that cover the hospital's day-to-day workings.

"We compete for donated funds not only with other hospitals but also with universities and other highly sophisticated nonprofit institutions," said Mr. Walch. "Our success so far is a tribute to the work of all of our employees. They create the reputation of excellence that enables us to attract the interest of donors."

Mr. Walch emphasized that the exceptional efforts of many MGH employees allow the hospital to entertain its benefactors graciously on campus rather than at expensive and impersonal off-campus facilities. "Departments including dietetics, environmental services, maintenance, parking, security, and the flower shop have extended

themselves to make this a gala event," Mr. Walch continued. "It's another example of MGH teamwork."

Not only do MGH staff members help put on events that enable the hospital to thank its donors, but many are also donors themselves. Employees and doctors who have contributed to the 1984-1985 Employee Capital Fund Drive and to the Medical Staff Campaign Committee's Drive will be among those honored at the dedication ceremony. Each group will be represented by its chairperson: Maeve Blackman, retired Director of Special Services, for the employees and W. Gerald Austen, M.D., Chief of General Surgical Services, for the physicians.

During the ceremony, Mrs. Blackman will present the proceeds of the Employee Fund Drive to Francis H. Burr, Esq., President of the hospital. A plaque in the elevator lobby of the ninth floor of the new building will commemorate the generous financial contribution these MGH employees have made to benefit their patients.

The dedication ceremony will last about 20 minutes and be followed by a simple, festive cocktail reception. Close



It didn't take long for four-year-old Chad Conti of Manchester, New Hampshire, to become friends with the newest addition to the Pediatric Hematology-Oncology family. The stuffed animal was a gift from Liane Spinney of North Hampton, New Hampshire, in appreciation for the care she has received as a patient at the MGH and in the Wang ACC 6 unit.

In General

Anne Armstrong, R.N., B.S.N., a nurse in the Neonatal Intensive Care Unit, is the first recipient of the **Ben Corrao Clanon Memorial Scholarship**. This scholarship award was established by Ben's parents in memory

of their son, who was a patient in the NICU from his second day of life until his death 28 days later. Mr. and Mrs. Corrao Clanon wanted to have a living memorial which would benefit future NICU babies and their families by promoting a scholarship for primary nurses in the unit.

to 500 employees and friends of the MGH are expected to attend.

"*The Massachusetts General Hospital Celebrates a Foundation for the Future*" is an important expression of gratitude to those who are helping the MGH assure the highest quality of care for its patients. The event is itself a foundation, one upon which continuing strong relationships with our contributors will be built.

Rebuilding

from page 1

Mr. Dane. "The borrowed funds will be expended early in 1990. Consequently, the Campaign must meet its goal by December 31, 1989, in order for the hospital to be able to finish construction of the towers. We need to crank up our efforts to an even higher level than before. To succeed, we must raise an average of more than \$1.5 million *per month*."

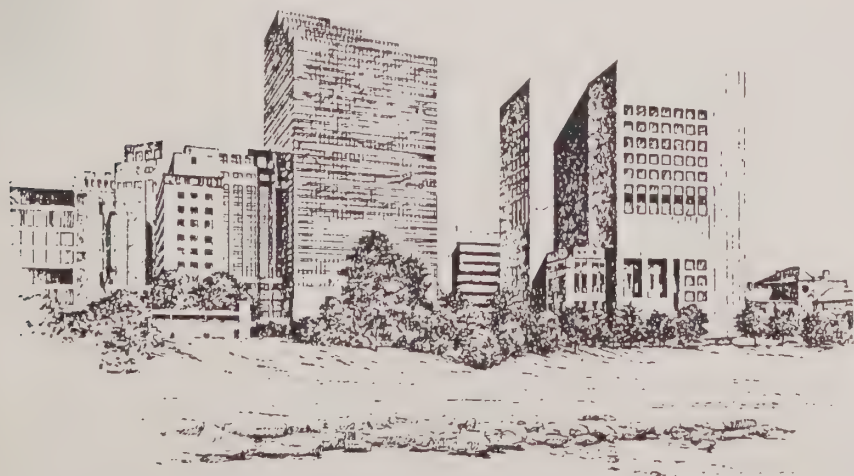
The Campaign has developed strategies for the final two years. These include a more sophisticated computer system for tracking donors and prospects so that the Campaign can be more closely attuned to their interests and motivations in giving to the MGH. A new brochure will also spell out the reasons for the new inpatient buildings and why the MGH is worth supporting now. "In the competitive world of fund-raising in Boston, even the MGH cannot rest on its reputation," says Mr. Dane. "This hospital needs money now for new buildings to help patients from all walks of life. We must put that message before those people who are most able financially to help us accomplish our goals."

The Campaign cochairmen, Trustees Mrs. R. Morton Claflin and Thomas W. Stephenson, have also organized a Campaign committee of civic leaders and physicians to help in preparing for

In celebration of its centennial, the National Institutes of Health (NIH) is increasing public awareness of the importance of biomedical research and the many contributions to that research by government, academia, industry, and voluntary health and professional organizations. A PBS television series, **THE HEALTH CENTURY**, will premiere on Monday, September 21, and run the following three Monday evenings. The four-week series, produced through a grant from the 15 NIH Centennial underwriters, details the history of the last 100 years and previews the future. The MGH has been very actively involved in the NIH Centennial through the Massachusetts Committee for the NIH Centennial, under the chairmanship of Drs. John T. Potts, Jr. and Ronald W. Lamont-Havers.

A short-term therapy group is now forming for adults who have alcoholic parents. The purpose of the group is to provide a supportive environment where members can share experiences about growing up in a home with alcoholism. One goal of the group is to enhance understanding of how that experience affected them, then and now. The group will meet once a week on Monday evenings from 5:30-6:45, in the Wang ACC Social Service Office, Suite 029, beginning in October, and continuing for 12 sessions. Screening interviews are now under way. For more information or to make a referral, please contact Amy Davis, LICSW, ACC Social Service, at Ext. 5927.

solicitations. Finally, the Campaign has chosen a new name to emphasize the major goal still to be accomplished. For the next two years, volunteers will meet with prospective donors all over New England asking for support for the *Campaign to Rebuild the MGH*.



A campaign of the present for an MGH of the future.



Budget Director James Puia has had that boxed-in feeling for the past few weeks. But things should be opening up beginning tomorrow.

Moving

from page 1

the computers late on the 17th [tonight] and go nonstop until late Saturday."

Mr. Jensen emphasized, however, that when discussing the moving of a large computer system, nothing is simple.

"The systems must first be dismantled by a service technician, put on the elevator, taken to Charlestown, put on another elevator, and then put together again. In other words, it's nothing that can just be moved over and plugged in. And we have to make sure that the wiring, electricity, and communication links in Charlestown are all in place."

Coordinating the move of the Computer Center is Robert Pappagianopoulos, Production, Scheduling, and Control Manager in the department.

"We've spent a great deal of time prioritizing problems and trying to anticipate things that may come up," said Mr. Pappagianopoulos. "We've had to balance the cost to the people who use the system versus the time we spend relocating."

With the first employees about to move to Charlestown, the MGH will begin providing shuttle bus service.

the MGH to Charlestown on the hour and half hour.

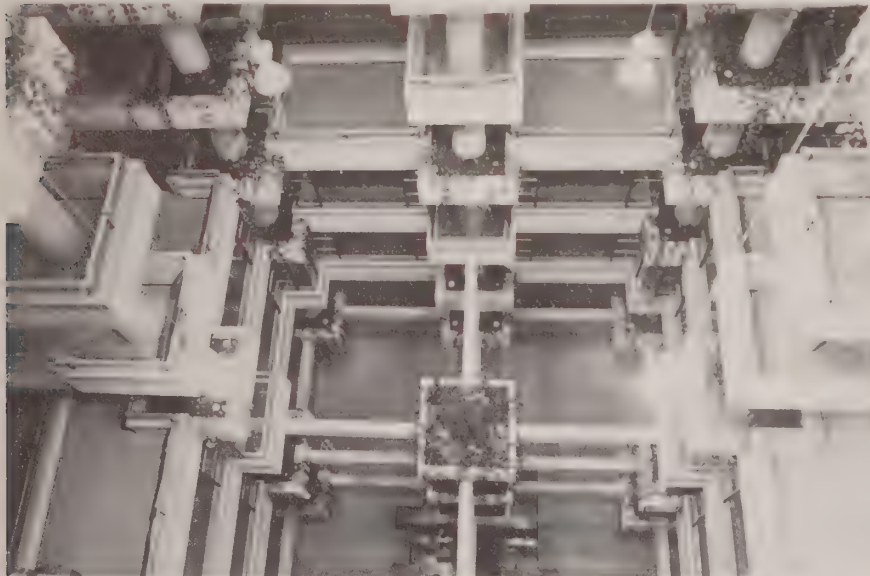
"Although this is the schedule we have drawn up, we're allowing for as much flexibility as possible in order to meet the needs of the employees," said Jeff Davis, Director of Special Support Services, who pointed out that this service is in addition to the regular shuttle runs to and from Nashua Street and the Bunker Hill Health Center.

For those employees who plan to drive in to work, parking will be available in the garage adjacent to Building 149. The fee will be the same as that charged to park in the Nashua Street lot.

Also moving to Charlestown this month will be some personnel from Environmental Services, Receiving, and Security.

The Computer Center will occupy the tenth floor in the Navy Yard building, with the Accounting and Billing offices situated on the ninth and part of the eighth floors.

In March, the first of the research laboratories will be moving to Charlestown. In this second phase of the relocation, these labs will be moved to the rest



An atrium lobby highlights the interior of MGH-East.

From 6 a.m. to 9 a.m. and from 4 p.m. to 6 p.m., Monday through Friday, busses will run every 10 minutes between Beverly Street (situated between Boston Garden and the North Washington Street bridge) and MGH-East, as Building 149 will be called. During the hours of 9 a.m. and 4 p.m., busses will leave Charlestown for the MGH (Jackson Lobby) every half hour at :15 and :45 past the hour and from

of the eighth floor and part of the seventh floor. By next summer, phase three will begin, with the remainder of the labs being transported to the seventh floor as well as the sixth and fifth floors.

In all, the MGH will occupy 380,000 square feet of space.

Championship series begins

The MGH Softball League Champion for 1987 is about to be crowned.

Defending champs, the Electric Shop, are putting their 1986 title on the line as they take on X Ray in the League championship series.

Electric defeated HVAC, and X Ray eliminated the Carpenters in the semi-

finals.

Meanwhile, for the women, their season has come to an abrupt end.

The MGH Women's Softball team was eliminated in the first round of the Boston Parks and Recreation League playoff series, after finishing in second place in the eight-team league.

Retirements

The *HOTLINE* extends best wishes to the following employees who have retired during the first six months of this year:

JANUARY, 1987

Maeve Blackman, Administration, 16 years

Raul Bodden, Maintenance, 14 years

Percival Glasgow, Maintenance, 17 years

Theresa Heneghan, Pathology, 35 years

Therese Keating, Nursing, 24 years

Blanche Myrick, Private Lab Service, 21 years

Ronald Nichols, Shepard-Gill School of Nursing, 16 years

FEBRUARY, 1987

Virginia Clark, Anesthesia, 12 years

Emily Hajar, Blood Transfusion Service, 15 years

Theresa McLane, Accounting, 20 years

Lila Wilks, Environmental Services, 9 years

MARCH, 1987

Albina Butler, Accounting, 24 years

Hilda Chappel, Dietetics, 35 years

Elinor Deering, O.R. Nursing, 24 years

Michael DiSalvo, Pharmacy, 26 years

Lillian Irgens, Bunker Hill Health Center, 17 years

Dorothy Jeanloz, Carbohydrates Research, 32 years

William Jefferson, Ambulatory Care, 39 years

Alice Raulinaitis, Accounting, 22 years

Jane Yagodnick, Human Resources, 26 years

Olgerts Zvaigzne, Neurology, 25 years

APRIL, 1987

Angelo Guarino, Respiratory Care, 36 years

Luther Maddox, Transport Services, 10 years

Bernice McCleavey, Patient Accounts, 15 years

Joanne Morris, Environmental Services, 16 years

MAY, 1987

Tommy Mooncai, Pharmacy, 31 years

Thomas Scott, Environmental Services, 7 years

Albert Steffen, Dietetics, 17 years

JUNE, 1987

Theresa Dell'Orfano, Environmental Services, 10 years

Sylvester DeRuosi, Environmental Services, 17 years

Ursula Flannelly, Admitting, 25 years

Anthony Giarrusso, Maintenance, 33 years

Henry Huggan, Supply Services, 35 years

Clarice Morgan, Clinical Administration, 14 years

Paulino Sambula, Environmental Services, 17 years



Now that Robert Dixon of Accounting has retired from the MGH after 33 years of service, his many friends see to it that he takes it easy.

17 September 1987

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Bulfinch 1 / Extension 2206

MGH **HOTLINE** **UPDATE**

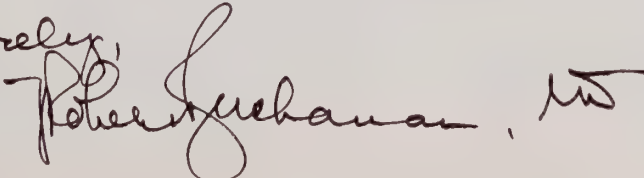
Dear MGH Employee:

The MGH turnout for the MHA Legislative Rally on the Common at midday Wednesday was heartening. Indeed, it was a remarkable expression of MGH's essential spirit, the loyalty of our community members and their commitment to maintaining the compassion and quality of care for which this institution is renowned.

Personally, I was deeply touched by the outpouring of support you have given to our institutional heritage and future. These issues are critical to all of us, and their importance deserves the thoughtful attention you have given.

If we can maintain the commonality of purpose we demonstrated today, I am convinced that we can and will ultimately overcome the current adversity as well as others that will inevitably confront us.

Thank you for the support you have given my administration, and be assured that I have great respect, admiration and affection for all of you.

Sincerely,
Robert L. Guberman 

Making Sense of Health Care Dollars

The state's attempt to enact new health care legislation, which includes stringent controls on Massachusetts hospitals, has been riding a roller coaster of sorts in recent weeks. And the emotions of hospital employees across the Commonwealth have been rushing up and down as well.

So far, three proposals have been considered on Beacon Hill. The first one, approved in August by the legislature's Joint Health Care Committee, would have resulted in the MGH having a deficit of approximately \$16 million for the fiscal year that began October 1. The second, filed by Governor Michael S. Dukakis last month, would have had the effect of increasing that deficit to about \$20 million. However, in response to the September 16 rally and a massive letter writing campaign by hospital employees--including more than 5,000 by MGH personnel--this version was amended last week by the House Ways and Means Committee, chaired by Rep. Richard Voke of Chelsea. For the MGH, however, these alterations would still mean a deficit of about \$15 million.

Today (Monday) the full House is scheduled to begin debating this latest version of the Health Care proposal. And the Massachusetts Hospital Association is trying to amend the House

(continued on page 2)

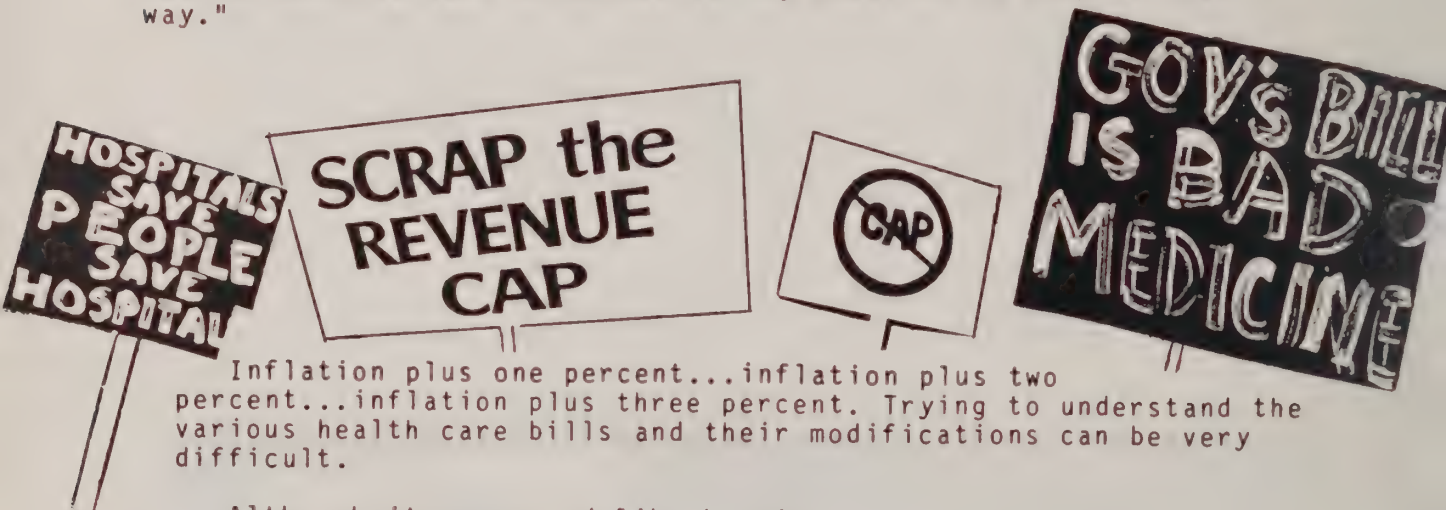


All eyes are on the State House as health care legislation continues to be debated.

Ways and Means version of the bill to remove the projected deficits of hospitals. In whatever form the bill ultimately passes in the House (assuming it is approved), it will then go on to the Senate, where hospitals hope it may be further amended to provide more needed revenue.

Because of the uncertain course of the legislation, however, it is still vitally important to continue the letter writing campaign. Even family members and friends of employees may want to write their state senators and representatives.

"Our employees have done an outstanding job," said Dr. J. Robert Buchanan, General Director. "The fact that the Governor's proposal has been amended to provide more relief for hospitals is a tribute to their commitment and hard work. The hospitals are certainly not opposed to providing access for those not insured. But the bottom line is still the concern about the quality of health care that hospitals will be able to provide under stringent caps. And we won't be able to maintain that quality if we are unable to pay the competitive wages needed to keep our employees as well as to attract new ones in those areas where currently there are shortages. Boston has been a world leader in health care. We want to do everything possible to keep it that way."



Inflation plus one percent...inflation plus two percent...inflation plus three percent. Trying to understand the various health care bills and their modifications can be very difficult.

Although it may sound like hospitals will be receiving substantial increases with each additional percentage, the fact is that these numbers are deceiving.

Why? Because a 6.8 or 7.8 increase (inflation, which is 4.8 percent, plus 2 or 3 percent) is really not what the hospitals will receive. The reason is because this percentage applies to only half our patients. The other half are on Medicaid and Medicare. And the way those insurance programs are leaning, Massachusetts hospitals are expected to receive no increase in those two categories that involve half the hospital's patient population.

Therefore, if a hospital receives a 7.8 percent increase for half its patients and a zero increase for the other half, that averages only 3.9 percent, which is about 1 percent less than the expected national rate of inflation of 4.8 percent used under the various proposals. And the actual rate of inflation in Massachusetts is expected to be higher than the national average.

So if you have been confused by all the numbers being bandied about, take heart. You're not alone.

8 October 1987

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Bulfinch 1, Extension 2206



An estimated 2,500 MGH employees took to the streets on September 16 to voice their opposition to stringent revenue caps on hospitals. They marched to the State House where they were greeted by MGH General Director, Dr. J. Robert Buchanan (right photo). The MGH contingent then joined thousands of other hospital workers from across the Commonwealth (below) in a rally.

Ether Day observance planned

A 60-year employee will be among approximately 860 members of the MGH honored at this year's Ether Day Service Pin Ceremony, held on Friday, October 16, in the Wang ACC Cafeteria.

Dr. Edward F. Bland of the Department of Medicine will join employees with 10, 20, 30, 40, and 50 years of service to the hospital in being recognized.

October 16, 1846 marks the date of the first public demonstration of the use of anesthesia in a surgical procedure. This milestone in the development of modern surgery occurred in the amphitheatre of the dome of the Bulfinch Building, which was used as an operating room from 1821 to 1867.

Prior to October 16, an Ether Day Program will be posted on the Employee Information Bulletin Board across from the General Store. This Program will list the names of all this year's recipients. You will also be able to recognize those being honored on Ether Day by the red carnation they will be wearing, presented to them that morning by their department supervisors.

Carnations will be available the morning of Ether Day, beginning at 7 a.m., in Tom Rothwell's office on Bulfinch 2 (directly across from the Benefits Office). Five- and ten-year pins will also be available at that time. A representative from each department is requested to pick up these items. If any department should need its five- and ten-year pins prior to the morning of the 16th, please call Marion Dello Russo at Ext. 2214.

The ceremony begins at 3:00 p.m., with a reception immediately following in the Walcott Room.



When you wish upon a star

For years now, David Gaboriault has been seeing Elizabeth Taylor.

Even when he comes to work in the Wang ACC Mail Room, he sees her. In fact, you really can't miss her. Her photographs are prominently displayed along with other actresses all over the walls of his work area on the first level.

The problem with this arrangement, however, is that Liz never got to see David. That is, until September 21. That's when Mr. Gaboriault, Kathy Grady, also from the MGH, and approximately 200 other people met the actress at an afternoon tea.

The occasion was a tour promoting "Passion," Miss Taylor's new perfume.

"When I heard she was going to be in town to promote her cologne, I said to myself there's no way I'm going to miss this," explained Mr. Gaboriault. "I had seen her in plays, but I knew I'd never get to meet her unless I took advantage of this."

So Mr. Gaboriault made the necessary arrangements, including purchasing the \$200 perfume, in advance.

"The retail price is \$165, so I figure the extra \$35 was to meet Elizabeth Taylor," remarked the MGH employee.

Was it worth it?

continued on page 4



While all eyes were on Elizabeth Taylor, her eyes were on a pin worn by Mr. Gaboriault.

Rx for health through creative silliness

Working in a teaching hospital is inherently stressful. Yet, it is possible to do such serious work without always feeling so serious. To that end the Training and Development Department will present on October 21, in conjunction with our neighbor, The Mass. Eye and Ear Infirmary, Dr. Steve Allen, Jr.'s nationally acclaimed workshop "Renewing Yourself With Humor."

Dr. Steve Allen, Jr., has delighted thousands of people with his light-hearted look at stress. This program blends his expertise as a Board Certified Family Physician and his natural heritage of wit into an entertaining and rewarding presentation. Dr. Allen emphasizes the special value of laughter and play in not only reducing the body's unpleasant reactions to stress but in preventing these reactions as well.

A 1970 honor graduate of the University of Southern California School of Medicine, Dr. Allen has received training in family practice, internal medicine, adolescent medicine, counseling, and human sexuality. His programs and his innovative practice earned the 1983 Award for Outstanding Contributions to Preventive Health from New York State Federation of Professional Health Educators.

continued on page 2

Inside

Alzheimer's facility planned
page 2

Help in fighting losing battle
page 3

A solid foundation
page 4

Long-term care facility planned for Alzheimer's patients

A long-term care home with special accommodations for patients with Alzheimer's disease is being planned by the MGH.

The hospital has proposed to build the facility in the North Point section of Cambridge along the Charles River. It has submitted a Determination of Need application to the Commonwealth. Construction, which is subject to final approval by the MGH Board of Trustees, would begin after approval by the state.

Supported in part by the Massachusetts Department of Public Welfare, the pilot program would seek to keep patients with Alzheimer's disease in dependent longer and treated more humanely than can be accomplished in a traditional nursing home setting.

The project would consist of a nursing home, with a specially designed unit reserved for patients with Alzheimer's disease or related disorders.

The facility would also include a small research unit to study critical questions regarding the advanced stages of the disease. "We conduct quite a bit of research on the early stages of Alzheimer's disease, such as cognitive testing, drug trials, and studies to determine how the brain works," noted Dr. John H. Growdon, Director of the MGH Memory Disorders Unit. "But we know next to nothing about the end stage of the disease because we often lose touch with patients when they enter nursing homes."

A second area of research would involve basic questions regarding the treatment and care of Alzheimer patients.

The planned MGH long-term facility is one of seven such projects supported by the Department of Public Welfare and is the only one that would serve the downtown Boston/Cambridge neighborhood.



Launchpad McQuack only has to touch the nose of four-year-old San Say in order to get a smile out of the Burnham 5 patient. Launchpad and Scrooge McDuck, two new Disney characters featured in the television show "DuckTales," visited patients last month on the Burnham floors.

"With the growing population of elderly, increasing numbers of Alzheimer's disease patients require specialized care in their own homes and in institutions," said Ms. Evelyn Bonander, Director of the MGH Social Service Department. "In traditional nursing homes, these patients are often restrained or drugged to control their wandering behavior. Our intent is to create an environment that will allow patients greater mobility and dignity yet still provide the appropriate level of control."

With the addition of the specialized nursing home, the MGH would offer nearly total care for Alzheimer patients. In addition to acute inpatient facilities,

the hospital has a comprehensive outpatient care program for Alzheimer's disease and related disorders through the Memory Disorders Unit. Patients have access to a range of services that cut across many disciplines, including neurology, psychiatry, neuropsychology, social work, and speech and language pathology.

Rx

from page 1

He draws on his special heritage of wit and humor for his unique approach to the use of laughter and play as stress reducing techniques. His grandmother, Belle Montrose, was in the circus before her career in vaudeville with his grandfather, Billy Allen. The echo of comedian (and father) Steve Allen's laugh can be recognized as Dr. Steve Allen, Jr., teaches everyone in the audience to play and laugh their way to a more stress-free life.

There will be three sessions of this presentation on Wednesday October 21: 9:00 a.m. - 10:30 a.m. Shriner's Auditorium

1:00 p.m. - 2:30 p.m. Shriner's Auditorium

5:00 p.m. - 6:30 p.m. Meltzer Auditorium (MEEI 3d floor)

Tickets are free to MGH employees. Registration will be in the Training and Development Office, Bulfinch 2 between 8:00-10:00 a.m. and 2:00-4:30 p.m. daily. It will be necessary to present your employee I.D. when requesting a ticket. Space is limited, so please reserve your place early.

Life-style

Despite all we've learned about the importance of good nutrition and regular exercise, many children in the United States seem to be headed toward the same health problems their parents and grandparents are dealing with today.

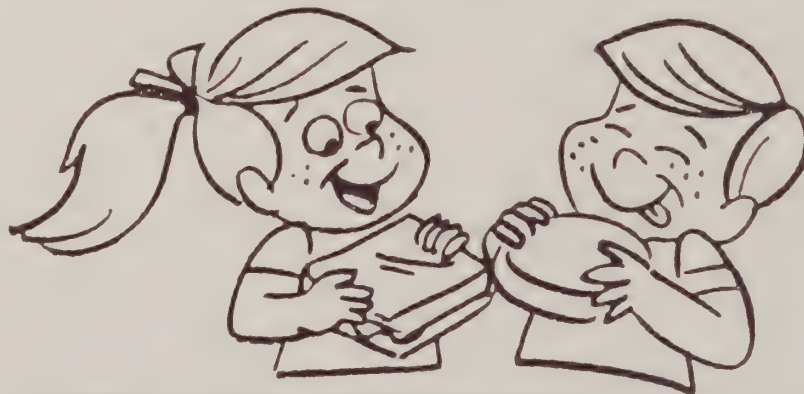
The sad facts are that youngsters today are less physically fit than a generation ago. They lead more sedentary lives (more TV, etc.) and eat more fast food, soda, and other empty calorie foods. Approximately 25 percent of all children between the ages of 6 and 17 (about 20 million) are overweight. Statistics show that up to 75 percent of these children will become obese adults.

Things are generally not easy for overweight kids. They frequently experience social difficulties that may make them withdraw and avoid participating in normal school and neighborhood activities. Many have very poor self-images that suffer more each time they try to lose weight and fail.

Unfortunately, most weight control programs are designed for adults and, since the issues are so different, are inappropriate for children.

This fall, the MGH Nutrition Service will begin offering *The Body Shop*, a weight control and fitness program specifically designed for those between the ages of 8 and 18. The program, conducted by a team of registered dietitians, physical therapists, and pediatric nurses, is much more than a traditional weight-control program. Its aim is to help young people develop a positive attitude and life-style that they can continue long after the program is over.

The Body Shop meets one evening a week for 10 weeks. Students meet with others their own age in three group sessions. Students develop a personalized eating plan that will help them lose weight and still have enough energy to work, play, and grow. Young people learn that losing weight does not have to mean "rabbit food." In fact, in *The Body Shop*, there are no "forbidden foods."



Some children need help in controlling their weight.

The Body Shop shows kids how physical activity can help them slim down and shape up, and the "Time Out for Me" segments are designed to help students increase their belief in their own capabilities.

Families get involved in *The Body Shop*, too, with one adult member required to attend some or all of the

weekly sessions.

The Body Shop has been in existence for more than 10 years. The program has withstood the test of time, and thousands of *Body Shop* "graduates" across the country are living proof that the program can work. If you know a child who could benefit from *The Body Shop*, call the MGH Nutrition Service (Ext. 2779) today. The program begins October 19.

"Eating for the Health of It" will also be starting again this month (October 15). There are still a few spaces available. For more details, call the Nutrition Service. Come Dine With Us and find out that eating well doesn't have to taste bad!

The MGH HOTLINE is published twice monthly by the MGH News Office.

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Photos processed by MGH Photo Lab



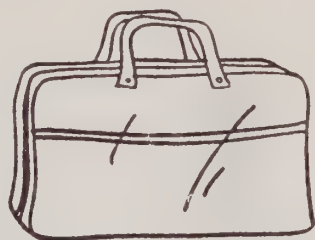
Si Gagne has done it again! Several years ago Mr. Gagne, then a member of the MGH Paint Shop, created models of the Bulfinch Building, including the ones on display in the Warren Building lobby. Now Mr. Gagne has designed 35 more models of the Bulfinch, which can be ordered at the General Store while supplies last.

In General

A recent survey of seven medical specialties by the National Research Corporation has concluded that the MGH is one of the top hospitals in the country in five of the seven: Cardiology, Cardiac Surgery, Neurology, Orthopedics, and Urology. Of 500 physicians surveyed, the MGH and the Mayo Clinic both were cited most often in five of the seven specialties. Johns Hopkins, named in two specialties, was the only other institution to be cited in more than one of the seven fields.

Dr. Gordon L. Brownell of the Department of Radiology recently received the Coolidge Award of the American Association of the Physicists in Medicine at the annual meeting held in Detroit. The Coolidge Award is the highest award given by the AAPM for accomplishments in medical physics. **Dr. Edward W. Webster**, also of the Department of Radiology, made the introduction.

A Travel Fair sponsored by Ask Mr. Foster/Presidential Travel (formerly Topaz Travel) will be held on Monday, October 26, from 9:00 to 5:30 p.m., in the Wellman One Conference Room. Refreshments will be served throughout the day, and door prizes will be awarded.



Drs. Elizabeth E. Branscomb and **Paul J. Deutsch** are among this year's recipients of the Awards to Trainees in Clinical Research.

Ann Locke, a psychiatric nurse clinician, has been named a member of the Massachusetts Nurses Association AIDS Committee.

The Reproductive Endocrine Unit is seeking healthy female volunteers, ages 18 to 40, with normal menstrual cycles of 25 to 35 days, for a continuing research study. Remuneration is \$100 per study, with the opportunity for repeat studies. For more information, contact Sara Light, at Ext. 5525.

Registered Nurses who are planning to become pregnant are invited to participate in a study on the effects of shift work on pregnancy. Volunteers will be required to submit weekly urine samples, complete monthly health questionnaires, and maintain a sleep/wake log at home. Remuneration is \$100 for full participation. If you are interested, please contact Dr. Diane Gold or Linda Melanson at 732-2275.

Kris Nelson, R.N. of the MGH-Harvard Cardiovascular Health Center finished second in the Women's Amateur Division in the 15th Annual Mount Washington Hill Climb. Riding her bicycle straight uphill for eight miles in heavy rain and hurricane winds of up to 70 miles per hour, Ms. Nelson completed the bike race in two hours. Proceeds from the event benefited the American Cancer Society.



Hot Lines

Congratulations to those employees who were recently promoted:

John W. Williams, Waste Disposal Aide, Environmental Services

Patricia Almeida, Asst. Admin. Coordinator, Clinical Administration

Gretchen Ashelger, Staff Nurse, Surgical Nursing

Scott T. Belknap, Pharmacy Tech., Pharmacy

Caroline Mudd, Staff Nurse, Medical Nursing

Debora L. Corison, Staff Nurse, Surgical Nursing

Edward Chimo, Lead Computer Operator, Computer Center

Winfield Williams, Senior Computer Operator, Computer Center

Jenny B. Murray, Staff Nurse, Medical Nursing

Shirley Mitchell, Chef's Helper, Dietetics

Mary Luciano, Supervisor Food Service, Dietetics

Kenneth Powell, Senior Medicaid Biller, Inpatient Checks

Paula Giovinnazzo, Staff Nurse, Surgical Nursing

Cheryl Beatrice, Staff Nurse, Surgical Nursing

Carolyn Ann Lucey, Staff Nurse, Surgical Nursing

Melina Salerno, Unit Secretary, Clinical Administration

Karen E. Swenson, Nursing Assistant, Medical Nursing

Howard Shelton, Waste Disposal Aide, Environmental Services

Marie Hibbett, Radiology Scheduling Coordinator, Radiology

Joan M. Dubiel, Head Nurse, ICNS-RICU

Gary Costello, Lead Admitting Assistant, Emergency Ward

Carol Labadini, Lead Admitting Assistant, Emergency Ward

Alfonso Herranz, Pharmacy Tech., Pharmacy

Corinne Caradonna, Clerical Supervisor, Gen. Med. Unit

Cynthia Cardon, Staff Nurse, Medical Nursing

Patricia Clougherty, Executive Secretary, Neurology

Catherine Connarton, Insurance Verification Clerk, Inpatient Accounts

Palmina Manson, Computer System Coordinator, Resources and Development

Robin Heaberlin, Staff Nurse, O.R. Nursing

Keith D. McCarthy, Materials Handler, Materials Management

Karen M. Dowcett, Staff Nurse, Children's Service

Kathleen Modeste, Computer Operator, Computer Center

Ann Israelson, Senior Third Party Billing, Inpatient Accounts

Michelle Burke, Senior Purchasing Assistant, Purchasing

Robin DeFrancisco, Purchasing Assistant, Purchasing

Frank E. Maltais, Asst. Chm. Tech., Radiology

Catherine Ruggiero, Office Assistant, Psychiatry

Bernard J. Quigley, Res. Lab Tech., Neurology

Eric Johnson, Lead Cashier, Computer Service

Jean L. Gaynor, Executive Secretary, Radiology

Alexander Clyde, Lead Admitting Assistant, Emergency Ward

Linda M. Highland, Flower Arranger, Flower Shop

Donna Olympio, Staff Nurse, Neurology

John D. Lloyd, First Class Electrician, Maintenance

Rosemary Grannum, Unit Secretary, Clinical Administration

Robert S. Fox, Assistant Admitting Coordinator, Clinical Administration

Ann Lane, Patient Financial Aid Rep., Patient Accounts

Carolyn Pyle, Billing Specialist, Professional Billing

Kenneth Tabb, Store Keeper, Dietetics

Gloria Pierre, Reg. Rep., Fiscal Affairs



Jimmy Callahan of the Electric Shop (left) will have plenty of time to hang pictures now that he has retired from the hospital. Presenting him with the traditional remembrance of the MGH is shop foreman **Dan Caufield**.

Foundation for future dedicated

An intermittent light rain failed to dampen the spirits of donors, employees, and guests who attended ceremonies on September 22 marking the MGH's "foundation for the future."

The "foundation" is that of the first of two towers that will create the most modern inpatient care facility in New England.

A highlight of the ceremony was the presentation of a check by Maeve Blackman, retired Director of Special Support Services, to Francis H. Burr, President of the MGH. The check represented more than \$200,000 raised by employees during the Employee Capital Campaign.

The employees' contribution will be recognized with a plaque to be situated in the ninth floor elevator lobby in the first tower.

Members of the Employee Campaign Steering Committee represented all MGH employees at the ceremony, which was produced as a result of a real team effort.

Among those employees who contributed most directly to the success of the ceremony were members of Dietetics, Environmental Services,

Resources and Development, the Flower Shop, the Parking Office, Security, and the Maintenance Department, including the Carpenter and Electric Shops.



MGH President Francis Burr accepts a check from Maeve Blackman, retired Director of Special Support Services, at ceremonies marking the laying of foundation for the new inpatient towers. The money presented by Mrs. Blackman was raised by employees during the Employee Capital Campaign in 1985.



Members of Accounting take a well-deserved rest after packing their belongings for the move from Staniford Street to MGH-East in Charlestown...



And it didn't take long for many employees like Robert LaCasse of the Budget Office to feel right at home in their new home.

Star

from page 1

"Oh sure, definitely, definitely," responded Mr. Gaboriault with a broad smile. "I'll always remember it. She was taken around and introduced to everyone in the room. When she got to me, I kissed her hand [next to the big diamond ring], and she noticed a pin with her name that I was wearing on the lapel of my jacket. I guess she had never seen the pin before and asked me about it. I told her I bought it when I went out to Hollywood in April."

Snapping pictures of all of this was Kathy Grady, a member of the MGH Photography Lab, who by coincidence had met her fellow MGHer in line only a short time before.

For years, both Mr. Gaboriault and Ms. Grady had seen the actress on the

silver screen countless times, since both have also worked at movie theatres.

"I must have seen all her films," noted Mr. Gaboriault, who estimated that he saw a total of 250 movies last year alone. "I'd have to say Elizabeth Taylor and Liza Minnelli, whom I met in 1980, are my two favorite actresses."

For Ms. Grady and Mr. Gaboriault, while the vision of Elizabeth Taylor in person is indelibly etched in their memories, the smell of Miss Taylor may last almost as long.

"I was going to give the perfume to my mother," said Mr. Gaboriault, "but I think I'm going to buy her one and keep the one I have as a collector's item. Who knows what it might be worth years from now."



Guests put their names on a base-plate which will be used in the construction of the first tower.

Electric overpowers opposition again



Chalk another one up for the Electric Shop!

For the second year in a row, the Electric Shop is the champion of the MGH Softball League.

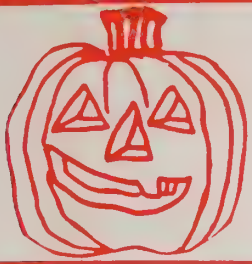
Electric defeated X-Ray by the scores

of 4 to 1 and 14 to 10 to win the best two out of three championship series.

The victory culminated a most successful season for members of Electric, who finished first in regular season play.



Mr. Gaboriault doesn't have to go very far anytime he wants to see Elizabeth Taylor.



22 October 1987

A publication of the
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of Massachusetts General Hospital
Bulfinch 1, Extension 2206

Friend in need finds many friends indeed

It has been said that true friendship is like sound health. The value of it is seldom known until it is lost.

Gladys Reavis, however, needs no lessons on how much either one is worth.

Three days from now, Ms. Reavis will be getting all dressed up and driven by limousine to Boston Symphony Hall. There, she will have a nearly front row seat at an all too rare Boston performance by Luciano Pavarotti, a man she has idolized for many years.

(In fact, Ms. Reavis' adoration for the opera star was detailed in a **HOTLINE** story published exactly two years ago. See October 24, 1985 H.L.)

For Ms. Reavis, the events of this Sunday will be a dream come true, made a reality by her many friends at the MGH.

Early this past summer, Gladys Reavis, a 22-year employee of the MGH who most recently worked as a receptionist/secretary in Dermatology in the Wang ACC Building, suffered a massive stroke while on the job. After being hospitalized here for a few weeks, Ms. Reavis was transferred to the Spaulding Rehabilitation Hospital to continue her

rehabilitation.

Although she has been gone from the hospital for a while now, Ms. Reavis was far from forgotten by her friends, in particular Philip Oliver of the Gray Family Waiting Area and Jan Blaine of Admitting.

"I was reading one day about how the friends of Woody Herman came to his aid when he needed help, so I thought we could do the same for Gladys," explained Mr. Oliver. "In spite of all the daily commitments we all have, I thought people could still find time to think of someone else. When it touches the heart, they seem to respond."

Mr. Oliver was certainly correct. He and Ms. Blaine quietly asked people if they would like to contribute to giving Ms. Reavis a night out. The response was overwhelming.

"People from all areas of the hospital wanted to donate money," reported Mr. Oliver, who is also resident caretaker at the MGH's Beacon House. "Some who really couldn't afford it gave a couple of dollars, and others gave more. One doctor even told me he

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It's that time again when most vampires will be out for candy instead of blood.

Capturing the mood

Despite the prevailing sentiment these days, there is one MGH physician who firmly believes that the hospital actually *needs* revenue caps. So he did something about it.

He simply ordered them.

Dr. Edward B. Seldin's idea can now be seen on the heads of many hospital employees in the Boston area, including personnel at the MGH.

"It's really a way to take the edge off a very serious subject," explained the Oral and Maxillofacial surgeon. "It also serves to keep the issue in the public eye and to generate more discussion

about it."

Several weeks ago, Dr. Seldin contacted the Iron Mountain Group, a hospital record storage business, about donating the caps. Although the issue of revenue caps continues to be debated on Beacon Hill, the issuance of Dr. Seldin's revenue caps was soon a reality.

"I think people have gotten a kick out of it," noted the physician. "I'd like to see them for a while."

And if you're optimistic, you can only hope that these "hospital revenue" caps will be the *only* ones employees will see this year.



Members of the Day Surgery Unit on Wang ACC 3 are captivating in their new headgear.

When you can't wait to start

If you're bored with nothing to do, how would you pass the time?

For one new member of the MGH, the answer was quite easy. He simply came to work. And it was even before his *first* day on the job.

Unusual? Well, not if you know Timothy Owens recently hired as a member of Radiology Transport.

While many people are excited to be starting a new job, Mr. Owens just couldn't wait to begin his.

So he didn't.

On Friday, October 2, three days before he was to begin in Transport, Mr. Owens turned up outside the Employment Office on Bulfinch 2 and asked if he could volunteer his services that day.

"I have to keep myself occupied," he explained. "I was going crazy with

nothing to do, so I decided to come into the hospital to see if I could help out."

Here he had no problem finding ways to keep busy.

"I've never seen anything like it in my life," exclaimed John Pepe of the Employment Office. "He was waiting outside my office at 20 minutes of 8 asking if there was anything he could do."

After consulting with Kathy Rice, Assistant Director of Human Resources, Mr. Pepe told the young man that he could spend the day in the Employment Office doing some filing.

"He was great," said Mr. Pepe. "He worked the whole day, and we practically had to throw him out because he didn't want to leave."

But he did and returned early Monday morning for his first "official" day of work.

Although Mr. Owens was new to his job, he was not new to the hospital. For the past year he had worked in Medical Records through a temporary employment agency. But when he made the

continued on page 4

East to meet rest

The welcome mat is being put out at MGH-East.

An open house will be held on Friday, October 23, from 3-6 p.m., on the ninth floor of MGH-East (Building 149 at the Charlestown Navy Yard).

All employees are welcome to stop by to see the new home of Fiscal Affairs, Inpatient and Outpatient Billing, Professional Billing, and the Computer Service Center.

Special shuttle bus service will be provided, leaving every 15 minutes beginning at 2:45 from outside the Jackson Tower. The last bus will leave Charlestown for the MGH at 6:30.

Inside

Naming names
pages 2 & 3

Learn all about it
page 4

Open season for bowling and tennis
page 4

SERVICE PIN AWARDS — 1987

In recognition of service

FOR SIXTY YEARS

Edward F. Bland, M.D., *Medicine*



Dr. Edward F. Bland was honored last week at Ether Day ceremonies for his 60 years of service to the hospital, one of if not the longest number of years served in the history of the MGH. Ether Day photos will appear in the next issue of the HOTLINE.

FOR FIFTY YEARS

John A. Abbott, M.D., *Psychiatry*
Otto E. Aufranc, M.D., *Orthopaedics*
Jost J. Michelsen, M.D., *Neurosurgery*
Carter Rowe, M.D., *Orthopaedics*
Howard Ulfelder, M.D., *Gynecology*
Lorande M. Woodruff, M.D., *Urology*

FOR FORTY YEARS

Eulah Battle, *Environmental Services*
Frances J. Bonner, M.D., *Psychiatry*
Thomas B. Brazelton, M.D., *Pediatrics*
Thornton Brown, M.D., *Orthopaedics*
Rose M. Craven, *Ambulatory Care Bus. Office*
John L. Fromer, M.D., *Dermatology*
Hermes C. Grillo, M.D., *Surgery*
Joseph Hanelin, M.D., *Radiology*
Marjorie Landers, *Social Service*
James M. Shannon, M.D., *Surgery*
Gladys M. Surrette, *Operating Rooms*
Elisabeth E. White, *Cortical Function Lab*

FOR THIRTY YEARS

George P. Baker, Jr., M.D., *Medicine*
William S. Beck, M.D., *Medicine*
Mary T. Bell, *Computer Center*
Alice Boyko, *Nursing*
Robert B. Brendze, M.D., *Orthopaedics*
Barbara J. Carr, *Nursing*
Baiba Dewey, *Developmental Biology*
Frances T. Edwards, *Environmental Services*
Agnes M. Flaherty, *Materials Management*
Edna R. Foley, *Admitting Office*
Harry E. Hanson, *Radiology*
William H. Harris, M.D. *Orthopaedics*
Enida K. Helmanis, *Cytopathology*
Richard H. Johnson, *Computer Center*
Danguole A. Kasper, *Utilization Review*
William P. Kelley, *Dietetics*
Donald J. Manning, *Medical Records*
Charlotte J. Martin, *Operating Rooms*
Betty U. McNeely, *Pathology*
William F. McNeely, M.D., *Medicine*
John L. Melchin, *Operating Rooms*
David G. Millard, M.D., *Radiology*
Mary A. Mutschler, *Dietetics*
Robert G. Ojemann, M.D., *Neurosurgery*
John T. Pollard, Jr., M.D., *Radiology*
John P. Remensnyder, Jr., M.D., *Surgery*
Robert E. Rhodes, *Environmental Services*
Dwight R. Robinson, M.D., *Medicine*
Earle H. Rosenberg, D.M.D., *Oral Surgery*
Marguerit J. Santos, *Dietetics*
Esther H. Wadden, *Operating Rooms*
Charles A. Ward, *Radiology*

FOR TWENTY YEARS

Robert H. Ackerman, M.D., *Neurology*
Daniel J. Ballantine, *Maintenance*
Dorothy Bell, *Nursing*
Karl T. Benedict, Jr., M.D., *Radiology*
Marie M. Bennett, *Blood Transfusion Service*
Everett A. Blackburn, *Environmental Services*
Leona M. Blackman, *Radiology*
Joseph M. Blake, *Dietetics*
Robert S. Borden, *Pharmacy*
Crystal O. Bourne, *Clinical Administration*
David C. Brewster, M.D., *Surgery*
John M. Bruner, M.D., *Anesthesia*
Elizabeth A. Burns, *Admitting*
John L. Burns, *Orthopaedic Service*
Barry J. Callahan, *Pulmonary*
James H. Callahan, *Medical Records*
Beverly A. Campbell, *Communications*
Edwin A. Cassem, M.D., *Psychiatry*
George V. Chappell, *Blood Transfusion Service*
Pearlie Chester, *Ambulatory Care Nursing*
Alexandra L. Chrzanowski, *Cardiac Catheterization*
Varnell G. Clark, *Nursing*
John P. Cloherty, M.D., *Pediatrics*
John F. Codington, Ph.D., *Medicine*
Alfonzia Corrao, *Dietetics*
Monica Corrigan, *Ambulatory Care Nursing*
Ann M. Cull, *Nursing*
George T. Davis, *O.R. Administration*

Lillian P. Davis, *Respiratory Care*
Anne M. Delaney, *Nursing*
Evelyn M. Dellorlano, *Radiology*
James J. Dineen, M.D., *Medicine*
Robert B. Donoff, M.D., *Oral Surgery*
Edgar A. Donovan, *Computer Center*
Elizabeth C. Dooling, M.D., *Neurology*
Lorraine D. Dorrance, *Nursing*
Barbara A. Downey, *Blood Transfusion Service*
Ann V. Durfee, *Nursing*
Leon Eisenberg, M.D., *Psychiatry*
Peter M. Elias, *Medical Records*
Leonard L. Ellman, M.D., *Hematology*
Leo J. Fanizzie, *Environmental Services*
Alice J. Fay, *Chelsea Health Center*
Miriam C. Fern, *Social Service*
Mary A. Fisher, *MGH Surgical Associates*
Michael L. Goldfein, M.D., *Pediatrics*
Maury A. Goldman, M.D., *Medicine*
Sidney Green, M.D., *Psychiatry*
Rose M. Guanci, *Cardiac Catheterization*
Arne K. Halvorsen, *Maintenance*
Eleanor Z. Hanna, Ph.D., *Psychiatry*
Gary F. Hart, *Maintenance*
Lois E. Henderson, *Chemistry*
Bernard Hoop, Ph.D., *Pulmonary*
Marcia L. Jackson, *Blood Transfusion Service*
Linda L. Jaffe, *Nursing*
Rosemary T. Jaromin, *Hematology*
Annie M. Jordan, *Nursing*
Stephen H. Kauffman, *Administration*
Thomas J. Keen, *Post Office*
Seymour S. Ketty, M.D., *Psychiatry*
Byung K. Kim, *Pharmacy*
Jeltje A.D. Koumans, M.D., *Dermatology*
Jean M. Kozlowski, *Nursing*
Joan F. Kozlowski, *Nursing*
Demetreos Lambrenos, *Maintenance*
Philip W. Lenz, *Ambulatory Care Bus. Office*
Joseph F. Lipinski, M.D., *Psychiatry*
June A. Lyle, *Radiology*
Carole A. Lyons, *MGH Surgical Associates*
Michael F. McGonagle, *Radiology*
Gregorios Metallides, *Maintenance*
Elizabeth J. Milano, *Radiology*
Elliott V. Miller, M.D., *Anesthesia*
Theresa R. Monteiro, *Dietetics*
Michael D. Murphy, M.D., *Psychiatry*
George F. Murray, *Computer Center*
Richard J. O'Brien, *Purchasing*
Mary A. O'Neill, *Accounting*
Lugenia I. Oxley, *Hematology*
Elisabett Paci, *Chemistry*
Dineshkumar G. Patel, M.D., *Orthopaedics*
Roberta R. Reed, *MGH Surgical Associates*
Willie M. Roebuck, *Materials Management*
Alan L. Schiller, M.D., *Pathology*
Queenette Simmons, *Nursing*
Sherrill Sinclair, *Ambulatory Care Nursing*
Robert E. Sloane, M.D., *Surgery*
Robert E. Smith, *Maintenance*
Carolyn M. Sprich, *Social Service*
Linda A. Steel, *Nursing*
Ann P. Stodolnic, *Operating Rooms*
Clare H. Swan, *Blood Transfusion Service*
Marilyn C. Swenson, *Surgery Service*
Stanislaw Szyfelbein, M.D., *Anesthesia*
Mildred Taylor, *Dietetics*
Abraham T. Thomas, *Environmental Services*
Argie Tiliakos, *Cortical Function Lab*
Robert C. Tillot, *Maintenance*
Valeria Trainito, *Communications*
Charlotte C. Tung, *Infectious Disease*
Claire F. Turgeon, *Nursing*
Harold E. Warford, *Blood Transfusion Service*
Marsha N. Watson, *Nursing*
Lilly Wechsler, *Thyroid Lab*
Diane A. Weggel, *Nursing*
Arline H. Whyel, *Surgical Associates*
Virginia B. Williams, *O.R. Administration*
A. G. Wittrock-Walton, *Ambulatory Care Nursing*
Edward R. Wolpov, M.D., *Neurology*
Betty F. Woodhouse, *Nursing*
Bryan T. Woods, M.D., *Neurology*
Hugh H. Young, II, M.D., *Urology*

FOR TEN YEARS

Rita M. Addison, M.D., *Pathology*
Carolyn M. Albers, *Vincent Memorial Research Lab*
Rosemarie R. Amici, *Ambulatory Care Nursing*
Philip C. Amrein, M.D., *Medicine*
Thomas H. Aretz, M.D., *Pathology*
John C. Armour, *Radiology*
Helen M. Armstrong, *Medical Records*
Stephen R. Armstong, *Materials Management*
Kevin T. Babcock, *E.W. & Overnight Ward*
Viola Baker, *Nursing*
Janis Bartkin, *Nursing*
Barbara Bassil, M.D., *Urology*
Salvatore J. Basta, M.D., *Anesthesia*
Carol S. Beers, *Nursing*
Marie D. Belanger, *Administration*
Donna A. Bell, *Chemistry*
Aileen Belle, *Central Supply*
William J. Belyea, *Maintenance*
Lidija S. Berzins, *Medical Services*
Renee M. Biase, *Neurosurgical Medical Clinics*
Linda A. Bishop, M.D., *Pediatrics*
Theresa M. Bolt, *Radiology*
Vincent J. Bonaventura, *Maintenance*
Richard M. Borofsky, E.D.D., *Psychiatry*
Suzanne C. Boschetti, *Cardiac*
Joan Braccio, *Ambulatory Care Nursing*
Marybeth Bronson, *Chelsea Health Center*
Nancy V. Brown, *Gastrointestinal Research*
Patricia F. Brown, *Nursing*
Robert H. Brown, M.D., *Neurology*
Barbara J. Bund, *Treasurers Office*
Lawrence F. Burges, M.D., *Neurosurgery*
Edith L. Burnett, *Environmental Services*
Alan D. Burns, *Chelsea Health Center*
John R. Butterly, M.D., *Medicine*
Samuel W. Bynoe, *Materials Management*
Robert P. Cabaj, M.D., *Psychiatry*
Silvia F. Campbell, *Radiology*
Lorraine T. Canova, *Professional Billing Office*
Corinne L. Caradonna, *Medicine*
Leila E. Carbanari, *Nursing*
William C. Carlson, *Pharmacy*
Isabelle P. Carr, *Bunker Hill Health Center*
Judith Carr, *Nursing*
Joan C. Carson, *Nursing*
Thelma Carthy, *Environmental Services*
Barbara J. Cashavelly, *Gynecology*
Michael J. Cauley, Ph.D., *Psychiatry*
Margaret A. Caulfield, *Operating Rooms*
Ginger Chappell, Ph.D., *Psychiatry*
Myrtle Chase-Powers, *Gynecology*
Hsueh Y. Chen, *Lab of Computer Science*
Grace T. Clancy, *Nursing*
Ann M. Clemenzi, *Administration*
Lydia A. Conlay, M.D., *Anesthesia*
Herbert L. Cooper, M.D., *Medicine*
James J. Corbett, *Maintenance*
Andrew J. Corcoran, *Anesthesia Acute Care Lab*
Dorothy E. Correia, *Radiology*
Joseph B. Costa, *Clinical Administration*
Robert P. Crivello, *Materials Management*
Marie Curcio, *Chelsea Health Center*
Andrew F. Curran, *Chelsea Health Center*
Thomas W. Curtin, *Radiology*
Michael N. Dambra, M.D., *Anesthesia*
Jeanette Dambrosio, *Neurology*
Eleanor F. Darman, *Social Service*
Maudeline Davis, *Environmental Services*
Sandra L. DeBronkart, *Nursing*
Joyce A. DePrizio, *ACC Radiology*
Nancy J. Delaney-Perry, *Vincent Mem. Research Lab*
Joseph T. DiBenedetto, *Radiology*
Debra M. DiGregorio, *Neurology*
Ruby M. Dilligard, *Dietetics*
Carolynn E. DiRienzo, *Orthopaedic Service*
Lawrence D. Duffy, *Environmental Services*
Luc P. Dumornay, *Environmental Services*
Barbara A. Dunderdale, *Nursing*
Wendylee Eaton, *Nursing*
Rose M. Elliott, *Accounting*
Ellen M. English, *Clinical Administration*
Carlotta A.K. Evans, D.D.S., *Oral Surgery*
Kathy E. Evans, *Clinical Administration*
Alfred G. Ferrairo, *Maintenance*
Debra A. Ferrandi, *Nursing*
Kathleen M. Fischer, *Nursing*
Carol C. Fitzpatrick, *Cardiovascular Research*
Susan F. Fleming, *Ambulatory Care Nursing*
Gail L. Flister, *Radiation Medicine*
Geraldine A. Flynn, *MGH Surgical Associates*
Junior A. Forde, *Dietetics*
Lorraine M. Fothergill, *Radiology*
Solange Francois, *Environmental Services*
Donna M. Frederick, *Communications*
Charles S. Freeman, *Cardiac Catheterization*
Barbara L. Friedman, *Dermatology*
Beatrice H. Galdamez, *Dietetics*
Robert J. Galla, *Medical Arts*
Randall D. Gaz, M.D., *Surgery*
Stuart C. Geller, M.D., *Radiology*
Immacula B. Geneus, *Nursing*
Ann M. Gerberg, *Nursing*
Jananne H. Gill, *Nursing*
Leo C. Ginns, M.D., *Medicine*
Peter E. Goldberg, D.M.D., *Oral Surgery*
Elizabeth Gordon, *Revere Health Center*
Margaret M. Gould, *Dietetics*
Anthony J. Govan, *Environmental Services*
Harold S. Gregory, *Human Resources*
Catherine A. Griffith, *Nursing*
Gary M. Griffiths, *Nursing*
Zedekiah A. Griffiths, *Materials Management*
Mary Guanci, *Nursing*
Elizabeth M. Gulla, *Bunker Hill Health Center*
Mary E. Haight, *Pediatric Pulmonary Lab*
David C. Harmon, M.D., *Medicine*
Patricia Harris-Lawlor, *E.W. & Overnight Ward*
Garner T. Hauptert, Jr., M.D., *Medicine*
Betty E. Herr, M.D., *Psychiatry*
Jane F. Heuser, *Nursing*
Barbara K. Hill, *Anesthesia*
Arthur T. Hogan, *Maintenance*
Cheryl A. Hogan, *Chelsea Health Center*
Claire K. Houghton, *Ambulatory Care Dermatology*
Carol A. Howe, *MGH Surgical Associates*
Anne M. Hudson, *Hematology*
Meredith M. Hunter, Ph.D., *Medicine*
R. G. Ishee, *Blood Transfusion Service*
Gloria M. Jenkins, *Clinical Neurophysiology*
Barbara Jones, *Clinical Administration*
Daran A. Jones, *Ambulatory Care*
Eileen M. Jones, *Nursing*
Vernice C. Joseph, *Environmental Services*

Marcia A. Kazmierczak, *Medical Services*
Kathleen G. Keenan, *Nursing*
Ann T. Kelleher, *Nursing*
Mary B. Kelley, *Ambulatory Care Bus. Office*
Mary A. Kenney, *Blood Transfusion Service*
Karen E. Kerrigan, *Nursing*
Nelson Yaun Sheng Kiang, Ph.D., *Neurology*
Colleen M. Kigin, *Chest Physical Therapy*
Isabelle M. Kindelmann, *Psychiatry*
Michael J. King, *Chelsea Health Center*
Mary G. Kirby, *Surgical Research*
Thomas F. Kirk, *Environmental Services*
Lewis B. Klebanoff, Ph.D., *Psychiatry*
Ronald E. Kleinman, M.D., *Pediatrics*
Lisa C. Kleinstein, *Operating Rooms*
Mary Kraft, M.D., *Anesthesia*
Dorothy E. Krueger, *Blood Transfusion Service*
James F. Kulesza, *Materials Management*
Patricia F. Lally, *Nursing*
Deborah A. Langione, *Blood Transfusion Service*
Theresa M. LeBlanc, *Vascular Lab*
Lenore S. Levine, *Operating Rooms*
Cheryl Linebaugh, *Staff Education*
Nancy Linsley, *Nursing*
Patricia A. Livingstone, *Cox Administration*
Perry London, Ph.D., *Psychiatry*
Marina J. Lorenzo, *Clinical Neurophysiology*
David B. Lovejoy, M.D., *Orthopaedics*
Mary P. Lowe, *Nursing*
Mary L. MacLeod, *Nursing*
Cheryl A. Madden, *Cardiac*
Jeanne M. Madden-Gallant, *Nursing*
Brendan A. Maher, Ph.D., *Psychiatry*
Joan M. Marra, *Budget Office*
Patricia Martin-McBride, *Cardiac*
Orazio L. Martiniello, *Maintenance*
Phoebe A. Matthews, *Ambulatory Care*
Marjory O. Mattson, *Operating Rooms*
Jean L. McAuliffe, *Nursing*
Deborah L. McBeth, *Nursing*
Herbert H. McCabe, *Radiation Medicine*
Kathleen M. McCarten, M.D., *Radiology*
Maureen A. McCarthy, *Cardiac Research*
Geraldyn A. McCullough, *Operating Rooms*
Francis K. McDougall, *Facilities Engineering*
Joan A. McGowan, Ph.D., *Pediatrics*
Kathryn R. McKee, *Blood Transfusion Service*
Donald A. Medearis, Jr., M.D., *Pediatrics*
Joseph Megerman, Ph.D., *Surgery*
Sharon A. Melanson, *Thyroid Lab*
Ann M. Mikols, *Cardiac*
Christine Mitchell, *Ambulatory Care Bus. Office*
Elizabeth A. Montgomery, *Urology Service*
Karen O. Moore, *Nursing*
Susan K. Morash, *Nursing*
Lorraine A. Moriarty, *Clinical Administration*
John E. Munzenrider, M.D., *Radiation Medicine*
Joan B. Murphy, *Pediatric Pulmonary*
George F. Murphy, M.D., *Pathology*
Kathleen A. Murray, *O.R. Administration*
Maryellen Myles, *Infectious Disease*
Barbara J. Nath, M.D., *Medicine*
Angel A. Nersessian, *Professional Billing Office*
S. W. Newell, *Material Management*
Patrice C. Nicholas, *Nursing*
Lorraine A. Nichols, *Radiology*
Donna A. Nickerson, *Wellman Research Lab*
Barry N. Nocks, M.D., *Urology*
Patricia A. Noonan, *Inpatient Accounts*
Amy L. Norton, *Nursing*
Nancy P. O'Brien, *Nursing*
Madelyn T. O'Donnell, *Cardiovascular Research*
Elaine E. O'Hare, *Nursing*
Kathleen P. O'Toole, *Ambulatory Care Nursing*
Karen A. Oesterle, *Chelsea Health Center*
Margaret C. Olendzki, *Data Analysis Development*
Judy M. Pagliarulo, *Nursing*
Leslie A. Parechanian, *Orthopaedic Service*
Marion C. Parker, *Nursing*
Edward N. Penttila, *Maintenance*
Barbara A. Perrier, *Neurosurgical Lab*
Marie C. Pierre, *Dietetics*
Dorothy S. Piranian, *Mineral Metabolism Unit*
Eric A. Proctor, *Orthopaedics*
William S. Putnam, *Chemistry*
Catherine R. Reedy, *Cox Administration*
Thomas E. Reisz, *Lab of Computer Science*
Harvey I. Remmer, M.D., *Psychiatry*
Theresa A. Reppucci, *Nursing*
Virginia Resca, *Chelsea Health Center*
Cornelia A. Reynolds, *Nursing*
Ellen Reynolds, *Nursing*
Ann R. Rinaldi, *Nursing*
Patricia A. Rivers, *Nursing*
Anthony Rizza, *Maintenance*
Peggy Rodriguez, *Mallinckrodt Research*
Merrilee S. Roelke, *Arthritis Research*
Stephen H. Romansky, M.D., *Psychiatry*
Paul J. Romikitis, *Materials Management*
Lynne C. Roper, *Nursing*
Douglas S. Ross, M.D., *Medicine*
Kenneth J. Ryan, M.D., *Gynecology*
Kathy M. Sampson, *Nursing*
Lena Sanentz, *Hematology*
Amedeo Sansevero, *Maintenance*
Joseph P. Santoro, *Pharmacy*
Nancy G. Sartorelli, *Nursing*
Rosalinda A. Saturday, *Nursing*
Amanda J. Savage, *Ambulatory Care Nursing*
Velia C. Saxe, *Thyroid Lab*
Patrick M. Scarry, *Security*

Lloyd A. Sharp, *Materials Management*
Gertrude Shaw, *Respiratory Care*
Julia P. Shea, *Nursing*
Susan P. Shea, *Surgical Research*
John J. Sheehan, *Chelsea Health Center*
Robert J. Shepard, *Environmental Services*
Carol S. Shepherd, *Radiology*
Kathleen F. Shure, *Nursing*
Janet H. Silberberg, *Nursing*
John M. Siliski, M.D., *Orthopaedics*
Walter J. Skinner, *Materials Management*
Maureen A. Slater, *Nursing*
Laurie F. Smith, *Orthopaedic Service*
Beverly Snell, *Pulmonary Disease Lab*
Colleen M. Snyderman, *Nursing*
Edward M. Soloway, D.P.M., *Orthopaedics*
Mary F. Sonnenberg, *Nursing*
John Sos, M.D., *Psychiatry*
Joseph Spinale, *Environmental Services*
Jeanne M. Spindler, *MGH Surgical Associates*
Diane B. Stanley, *Nursing*
Frederick J. Stoddard, M.D., *Psychiatry*
Constance C. Stone, *Radiation Medicine*
Eddie M. Sturgis, *Dietetics*
Marie F. Sullivan, *Ambulatory Care Nursing*
Patricia M. Sullivan, *Radiology*
Jon E. Sverker, *Biomedical Engineering*
Klafa Sztucinski, *Human Resources*
Ann D. Szymanski, *Neurosurgery*
William E. Tabb, *Emergency Ward*
Maisie Tam, M.D., *Dermatology*
Marilyn J. Tessier, *Developmental Biology*
Richard Thames, *Medical Records*
Frank N. Tino, *Maintenance*
Richard C. Tomicke, M.D., *Anesthesia*
Thomas J. Tracey, *Purchasing*
Benjamin V. Treadwell, Ph.D., *Orthopaedics*
Debra L. Tsuses, *Clinical Administration*
Muneyasu Urano, M.D., *Radiation Medicine*
Robert J. Uvello, *Maintenance*
Paul R. Vanocken, *Radiation Medicine*
Cheryl A. Ventola, *Nursing*
Patricia M. Ward, *Operating Rooms*
Grace E. Warren, *Treadwell Library*
Leonard W. Wasileski, *Radiation Medicine*
Anna M. Wasilewski, *Nursing*
Elaine R. Watkins, *MGH Institute of Health Prof.*
Deborah P. Wayne, *Ambulatory Care Bus. Office*
Donna L. Wheeler, *Ambulatory Care Bus. Office*
Debra L. Whitaker, *Nursing*
Lila Wilks, *Environmental Services*
Elizabeth N. Willoughby, *MGH Surgical Associates*
Russell G. Winn, *Radiology*
Donna M. Wolfrum, *Nursing*
Helena S. Wong, *Hematology*
Roni M. Woods, *Nursing*
Carol A. Wool, M.D., *Psychiatry*
Doris E. Wright, *Environmental Services*
Pamela P. Wrigley, *Operating Rooms*
Helen L. Yin, Ph.D., *Medicine*
Walter H. Young, *Patient Accounts*
Robert H. Young, M.D., *Pathology*
Celina Zaniewski, *Medical Records*
Rita M. Zollo, *Neurology Research*

FOR FIVE YEARS

Kathleen Abbott, *Diabetes*
John M. Aflague, *Nursing*
Ann L. Aldershof, *Neurology*
Lorraine M. Allan, *Dietetics*
Robert L. Allen, *Emergency Ward*
Guido M. Andrade, *Radiology*
Eilizabeth F. Andrews, *Nursing*
Maria R. Antognetti, *Dietetics*
Maureen A. Anzuoni, *Nursing*
Anne V. Armstrong, *Nursing*
Anita L. Ashley, *Nursing*
Susan Atamian, *Neurology*
Nancy D. Aucella, *Medical Records*
Janet T. Austin, *Nursing*
Clare F. Averbach, *Nursing*
Bernadett M. Babine, *Chelsea Health Center*
Gail Badolato, *Nursing*
Keith F. Baker, *Neurosurgical Lab*
Evelyn L. Ball, *Cellular & Molecular Research*
Ann Barber, *Nursing*
Nancy L. Barletta, *Post Office*
Joyce M. Barry, *Ambulatory Care Nursing*
Marion Barsam, *Medical Oncology*
Julia M. Basque, *Nursing*
Ellen P. Bean, *Children Medical Services*
Russell W. Berg, *Nursing*
Jerene M. Bitondo-Steinbe, *Nursing*
Martha M. Blair, *Chemistry*
Beverly J. Borseti, *Cardiac Lab*
Phyllis Bottari, *Medical Records*
Gerard S. Bova, *Materials Management*
Marilyn T. Bowen, *Nursing*
Kathleen R. Boyle, *Nursing*
Lenora A. Boyle, *Pathology*
Pamela P. Brauer, *Cellular & Molecular Research*
Darryn A. Brodie, *Operating Rooms*
Kathy L. Brooks, *Administration*
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Joanne Burbank, *Nursing*
Diann C. Burnham, *Nursing*
Laura Burrell, *Pathology*
Leslie E. Byrne, *Resources & Development*
Kathryn T. Byrnes, *Orthopaedic Service*

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Mary J. Calabro, *Nursing*
Virginia A. Capasso, *Nursing*
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Dulce M. Cardona, *Medical Records*
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Doris Claudio, *Operating Rooms*
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Robert L. Cohen, *Lab of Computer Science*
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Richard J. Connolly, *Pharmacy*
Michael Constantine, *Pediatric Microchemistry*
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Tin T. Cotton, *Nursing*
Diana C. Crimmins, *Speech Language Pathology*
Cherie K. Crist, *Nursing*
Cedric D. Cromwell, *Clinical Administration*
Patricia L. Crowley, *Radiation Medicine*
Karen M. Curelli, *Nursing*
Lisa M. Cusack, *Operating Rooms*
Maureen A. Daher, *Nursing*
Maureen Daley, *Nursing*
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Catherine H. Daniels, *Radiology*
Carol Danner, *Rehabilitation Medicine*
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Janet M. Dauphinee, *Nursing*
Jeffrey P. Davies, *Orthopaedic Research Lab*
Amy R. Davis, *Social Service*
Marilyn D. Davis-Owens, *Pathology*
Susan A. Deuilis, *Radiation Medicine*
Linda Delgado, *Photochemotherapy*
Susan Depace, *Nursing*
Nancy A. Desmond, *Nursing*
Rita P. Devlin, *Nursing*
Karen S. DiPietro, *Dietetics*
Stephan P. DiStefano, *Transportation*
Ellen S. Dibias, *Cardiac Catheterization*
Linda L. Dinis, *Pediatrics*
Nellie A. Dixon, *Dietetics*
Helen T. Doherty, *Dietetics*
Anngray Doig, *Operating Rooms*
Maureen V. Donovan, *Operating Rooms*
Stephen C. Dragotakes, *Radiology*
Patricia A. Driscoll, *Chelsea Health Center*
Edward Durham, *O.R. Administration*
Robert C. Dysard, *Nursing*
Kathryn M. Eaton, *Nursing*
Pauline M. Edmonds, *Nursing*
Deirdre A. Egan, *Nursing*
Mary K. Ehrsam, *Orthopaedic Service*
Sheila M. Elledge, *Nursing*
Lorraine E. Ellis, *Nursing*
Lucille M. Ettleson, *Nursing*
Diana L. Fairfax, *Nursing*
Carol J. Fairfield, *Nursing*
Vicki P. Ferguson, *Cardiac Biochemistry*
Sofia Fetfatsidis, *Materials Management*
Susan M. Fitzgerald, *E.W. & Overnight Ward*
Sharon H. Fiumara, *Cardiac Lab*
Michael Flynn, *Clinical Administration*
Barry R. Forde, *O.R. Administration*
Harry Frangoulidis, *Maintenance*
Thomas A. Fulgoni, *Maintenance*
Barbara I. Gagne, *Operating Rooms*
Jane A. Galley-Reiley, *Nursing*
Gretchen Garlow, *Dietetics*
Joseph M. Gately, *Security*
Louise M. Gaudet, *Chelsea Health Center*
David R. Getchell, *Pediatric Microchemistry*
Michael J. Gillespie, *Clinical Administration*
Christine F. Gilman, *Nursing*
Marc J. Golden, *Communications*
Dorothy G. Goods, *Urology*
Yvonne P. Gordon, *Pharmacy*
Karin L. Gotz-Greenwald, *Social Service*
Sally A. Grace, *Nursing*
Karen M. Graham, *Arthritis*
Paula J. Graunas, *Nursing*
Beverly J. Gray, *O.R. Administration*
Kathleen V. Gray, *Nursing*
Annette M. Grennan, *Inpatient Accounts*
Patrick J. Gurry, *Nursing*
Carol A. Gurski, *Nursing*
Lorraine S. Guthrie, *Nursing*
Marcia A. Guy, *Pharmacy*
Doris M. Halliday, *Nursing*
Catherine Harris, *E.W. & Overnight Ward*
Joseph H. Hasenbush, *General Store*
Marlena S. Hayes, *Arthritis*
Rae-Marie Healy, *Surgical Associates*
Dianne M. Heislein, *Nursing*
Lisa J. Henderson, *Nursing*
Lynne M. Hermosilla, *Orthopaedic Service*
Nancy J. Herrig, *Biomedical Engineering*
Edward F. Hines, *Parking & Commuter Service*
Diane Ho, *MGH Trauma & Emergency Service*
Nancy D. Holland, *Nursing*
Gary D. Holman, *Cardiac Procedures Service*
Susan M. Hook, *Radiation Medicine*

Katherine A. Howard, *Cost Accounting*
Judy L. Howell, *Operating Rooms*
Donna T. Hurd, *Nursing*
Claire A. Hurst, *Nursing*
Rachel E. Hyde, *Molecular Biology*
Cindy J. Inashima, *Bacteriology*
Patricia D. Irgens, *Chelsea Health Center*
Gracelyn M. Ischia, *Nursing*
Marie F. Isenburg, *Clinical Administration*
Doreen A. Itzkowitz, *Nursing*
Margaret J. Ivancic, *Nursing*
Kathleen A. Jackson, *Nursing*
Christine Jacobson, *Dietetics*
Alan M. Jette, Ph.D., *MGH Institute of Health Prof.*
Patricia A. Johnson, *Nursing*
Yolanda Johnson, *Clinical Administration*
Barbara A. Jones, *E.W. & Overnight Ward*
David M. Jones, *Resources & Development*
Joanne Jordan, *Administration*
Patricia A. Kane, *Anesthesia*
Valerie V. Kara, *Mineral Metabolism*
Karen P. Keane, *Blood Transfusion Service*
Elsie M. Kerrigan, *Ambulatory Care*
Mary T. Khan, *Ambulatory Care Bus. Office*
Kathleen M. Kiley, *MGH Surgical Associates*
Janet A. Kimbrough, *Nursing*
Brian T. Kinsley, *Lab of Computer Sciences*
Diana E. Kinsman, *General Store*
Patricia L. Koivu, *Environmental Services*
Rou-Fun T. Kwong, *Cardiac Biochemistry*
Robert C. Lagasse, *Biomedical Engineering*
Jacquelin M. Lally, *Nursing*
Jane Lambrenos, *Nursing*
Mark I. Lang, *Computer Center*
Diane Lapuma-Carreiro, *Nursing*
Thomas Laudenslager, *Security*
Dawn M. Lavalley, *Radiology*
Margaret T. Leahy, *Nursing*
Kathy L. Leighton, *Nursing*
Daniel Leong, *Dietetics*
Jean D. Leuner, *MGH Institute of Health Prof.*
Kathryn P. Leva, *Blood Transfusion Service*
Roberta Levasseur, *Surgery Service*
George E. Levesque, *Communications*
Frances Levine, *Computer Center*
Denise A. Levy, *Nursing*
Ellen M. Linton, *Dietetics*
John D. Lloyd, *Maintenance*
Mary P. Logue, *Neurology*
Carol J. Loomis, *Nursing*
Pauline A. Lopez, *Chelsea Health Center*
Joan M. Lovett, *Nursing*
Joan I. Lynch, *Nursing*
Kathryn E. Lynch, *Gastrointestinal Research*
Eugenia M. MacDonald, *Nursing*
Paula J. MacMillan, *Blood Transfusion Service*
Theresa A. Maher, *Nursing*
Lisa A. Maiuri, *Urology Service*
Nancy Mann, *Ambulatory Care*
Lisa J. Mars, *Resources & Development*
Carol N. Marsh, *Gastrointestinal Lab*
Maryjane Martin, *Radiology*
Elizabeth A. Martins, *Nursing*
Steven C. Mason, *Respiratory Care*
Mary L. Mathias, *Pharmacy*
Theresa L. May, *Respiratory Care*
Wendy G. Maynard, *Anesthesia*
Christine R. McAdam, *Rehabilitation Medicine*
Annmarie T. McAuley, *Neurology Medical Clinics*
Victoria B. McCallum, *Vascular Lab*
Joan McCann, *Nursing*
Patricia J. McCarron, *Cardiac Lab*
Angela McCarthy, *Computer Center*
Claire L. McCarthy, *Communications*
Lynne M. McCusker, *Nursing*
Peter J. McDermott, *Computer Center*
Karen A. McDonald, *Nursing*
Linda A. McFarland, *Cardiovascular Research*
Wendy J. McFarland, *Nursing*
Karen A. McFarlane, *Adminstration*
Caron M. McGilvery, *Nursing*
Cheri F. McGilvery, *Clinical Administration*
Susannah E. McGrath, *Cardiac Lab*
Coleen F. McGrory, *Nursing*
Charles J. McKenna, *Emergency Ward*
Robert S. McKenna, *Computer Center*
Brian P. McKernan, *Blood Transfusion Service*
Kathleen M. McKool, *Cardiac Rehabilitation*
Laura A. McNamara, *Chelsea Health Center*
Katherine E. McPherson, *Nursing*
Jerome L. McWhorter, *Materials Management*
Emily J. Medford, *Nursing*
Patricia C. Medina-Baker, *Credit & Collection*
Melissa J. Mei, *Nursing*
Ida J. Meister, *Blood Transfusion Service*
Margaret J. Meister, *Nursing*
Debra A. Meoli, *Infectious Disease*
Theresa A. Michel, *Chest PT/ MGH Inst. of Hlth. Prof.*
Gail M. Monahan, *MGH Surgical Associates*
Gregory T. Moulton, *Radiation Medicine*
Kathleen A. Mullen, *Nursing*
Ruth J. Mullen, *Nursing*
Judith E. Mullin, *Pathology*
Diane D. Mulski, *Nursing*
Patricia Murphy, *Radiology*
Virginia B. Murphy, *Blood Transfusion Service*
Karen Murphy-Lind, *Bunker Hill Health Center*
Janice D. Naftilan, *Pathology*
Ellen N. Nash, *Nursing*
Kathleen Naughton, *Gynecology*
Maria L. Nelson, *Pathology*
Nancy M. Nelson, *Operating Rooms*
Margaret Neundorf, *Nursing*
Rasma V. Niedra, *Molecular Biology*
Harriet L. Nugent, *Nursing*

Marianne Nugent, *Human Resources*
Margaret G. O'Brien, *Neurology Service*
Christine M. O'Connell, *Nursing*
Lorna J. O'Connell, *Nursing*
Daniel O. O'Connor, *Orthopaedic Research Lab*
Maureen C. O'Connor, *Nursing*
Eileen F. O'Sullivan, *Nursing*
Linda C. Olson, *Ambulatory Care*
Sylvia D. Paige, *MGH Institute of Health Prof.*
Patricia C. Pappagianopou, *MGH Institute of Health Prof.*
Eileen O. Parry, *Nursing*
Renuka B. Patel, *Hematology*
Michele Pavia, *Orthopaedic Research Lab*
Paula F. Payne, *Radiology*
Pamela H. Peckinpough, *Pediatric Ambulatory Care*
Linda M. Pennacchio, *Bunker Hill Health Center*
Michele A. Pepin, *Nursing*
Evelyn C. Peterkin, *Environmental Services*
Karen J. Phillips, *Nursing*
Neil J. Pilotte, *Hematology*
Richard J. Plati, *Chemistry*
James J. Pomponi, *Social Services*
Colin C. Powell, *Medical Records*
Barbara L. Pratt, *Ambulatory Care*
Paula A. Prendergast, *Nursing*
William Press, *Developmental Biology*
Karen M. Price, *Speech Language Pathology*
Sandra J. Pugsley, *Nursing*
Catherine M. Quinlan, *MGH Institute of Health Prof.*
Patricia J. Quinn, *Blood Transfusion Service*
Patricia A. Railsback, *E.W. & Overnight Ward*
Hortensia C. Ramos, *Molecular Biology*
Ana M. Raposa, *Nursing*
James R. Reed, *Nursing*
Wendy S. Renda, *Nursing*
Malcolm C. Roberts, *Dietetics*
Jimmy Rodriguez, *Anesthesia*
Julio Rosado, *Environmental Services*
Bethyl F. Rose, *Clinical Adminstration*
Kathleen M. Roy, *Nursing*
Cheryl L. Ryan, *Nursing*
Eileen Ryan, *Nursing*
Jill A. Sackos, *Nursing*
Joan E. Sasso, *Nursing*
Jeanne M. Savage, *Resourses & Development*
Jeanine Sawler, *Orthopaedic Service*
Janice M. Scalese, *Chelsea Health Center*
Karen A. Schmidt, *Nursing*
Elizabeth Schneider, *Treadwell Library*
Jean M. Scollins, *Cardiac Catheterization*
Beverly T. Scott, *Nursing*
Rosalinda W. Sermonia, *Credit & Collection*
Robert A. Sevigny, *Lab of Computer Science*
Nicole N. Shea, *Accounting*
Rosemary Shea, *Clinical Neurophysiology*
Ann Simshauser, *Surgical Research*
Gail I. Smith, *Ambulatory Care Nursing*
James D. Smith, *Maintenance*
Pamela K. Smith, *Operating Rooms*
Steven Smith, *Environmental Services*
Susan M. Smith, *ACC Radiology*
Florence R. Snook, *Ambulatory Care Bus. Office*
Christine Soltys, *Radiation Medicine*
Carol A. Sparling, *Medical Records*
Gene E. St. Surin, *Dietetics*
Deborah R. Steeves, *Photochemotherapy*
Mary L. Stephenson, *Nursing*
Patricia G. Stevenson, *Revere Health Center*
Frances L. Stewart, *Surgical Research*
Rose A. Stewart, *Nursing*
Mary Stobbs, *Chemistry*
Kathleen A. Stokes, *Nursing*
Christine M. Stone, *Nursing*
Melanie K. Stone, *Nursing*
Michael A. Stracher, *Radiation Medicine*
Helen M. Strong, *Gynecology*
Alice Sullivan, *Bunker Hill Health Center*
Amanda R. Sullivan, *Nursing*
Kathleen A. Sullivan, *Nursing*
Peggy Sweatman, *Dietetics*
Marilyn D. Tausevich, *Nursing*
Virginia Tay, *MGH Institute of Health Prof.*
Laurel S. Tenney, *Nursing*
Deborah A. Thomas, *Nursing*
William J. Timmins, *Clinical Administration*
Karen M. Triglio, *Dietetics*
Paul Turner, *Pharmacy*
Mary M. Vadnais, *Nursing*
Linda Valjaots Stott, *Nursing*
James E. Vath, *Cardiovascular Research*
John M. Vetere, *Biomedical Engineering*
Olga M. Viasus, *Cardiac Catheterization*
Jane M. Vozzella, *Nursing*
Robert J. Waligory, *Nursing*
Tracy M. Walker, *Dermatology*
Eileen M. Wall, *Nursing*
Constance L. Wall-Haas, *Nursing*
Dena L. Walters-Francheck, *Operating Rooms*
Gregory Ward, *Nursing*
Eloise Watkins, *Gastromtestinal Research*
Myrna E. Weekes, *Clinical Administration*
Pamela S. Whisman, *Utilization Review*
Diana Whitaker, *Dermatology Research Lab*
Patricia M. White, *Nursing*
Laura A. Williams, *Nursing*
Terry L. Williams, *Nursing*
Kathleen Williams Kafel, *Nursing*
Barbara K. Willson, *MGH Institute of Health Prof.*
Mary C. Wilson, *Nursing*
Janet M. Wineberg, *Ambulatory Care*
Jean M. Winters, *ACC Radiology*
Cathy A. Woodman, *Volunteer Department*
Marie Young, *Medical Records*
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Life-style

In a rut? Want to learn something new? Maybe it's time to take a new course in your life.

The Office of Training and Development is offering the following courses in the coming weeks:

WHO'S CALLING PLEASE
Fri., Oct. 23, 8:30-4:00

HANDLING DIFFICULT PATIENT SITUATIONS
Fri., Nov. 20, 8:30-12:30

CPR FOR PROFESSIONAL STAFF AND FOR BYSTANDERS
Available monthly. Call Ext. 2230 for dates and times.

EFFECTIVE WRITING

This two-part workshop will be held Wed., Oct. 28, and Wed., Nov. 4. Both sessions are from 8:30-4:00. The cost is \$160. Tuition Reimbursement available.

ESTABLISHING PERFORMANCE EXPECTATIONS
Tues., Oct. 27, 12:30-4:30

DEVELOPING JOB SKILLS
Tues., Nov. 3, 12:30-4:30

COACHING FOR OPTIMAL PERFORMANCE
Tues., Nov. 10, 12:30-4:30

TAKING CORRECTIVE ACTION
Tues., Nov. 17, 12:30-4:30 p.m.

Prerequisite for these four programs is a certificate of completion from Frontline Leadership or Supervision Core. Attendance is required at all four sessions.

For more information on these and other courses, call the Training and Development Office at Ext. 2230.

The MGH's Bunker Hill Health Center is offering a series of lectures and educational groups at Charlestown:

STRESS MANAGEMENT
Thursday evenings Nov. 5, 12, 19, and Dec. 3, 7:00 p.m.

PARENTING SKILLS
Monday evenings Nov. 23, 30, Dec. 7, and 14, 7:00 p.m.

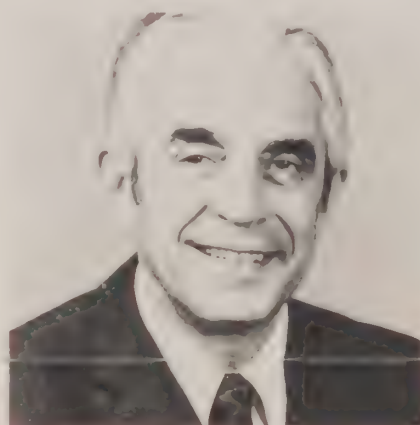
ASSERTIVENESS TRAINING
Free Lecture, Thursday evening Dec. 10, 7:00 p.m.

For more information, please call Dr. Michael Cauley or Dr. Brian Ott at 242-5760 or 242-5780.

In General

The fall edition of the City Book is now available in Personnel Records for 50¢ each while supplies last.

Dr. Walter C. Guralnick, Director of Operating Rooms at the MGH and Visiting Oral and Maxillofacial Surgeon, recently received the 1987 William J. Gies Foundation Award in Oral and Maxillofacial Surgery, presented by the American Association of Oral and Maxillofacial Surgeons (AAOMS). In 1978 Dr. Guralnick received the AAOMS Award. He has also served as president of the Massachusetts Dental Society, the Greater Boston Dental Society, the Harvard Odontological Society, and the New England Society of Oral and Maxillofacial Surgeons.



Dr. Walter Guralnick

The Sixth Annual Walk for Peace, a 6.2 mile (10 km.) walk through Boston to raise funds for organizations working for peace and justice, will be held on Sunday, October 25. Festivities and registration begin at 11:30 a.m. at the Park Street MBTA station on the Boston Common. The walk begins at 1 p.m. Many employees from area hospitals participate each year. For more information on participating or sponsoring a walker, please call 868-5259.

Strike up a new hobby and make new friends at the same time. Join the MGH Bowling League. The League meets every Thursday afternoon at 5:15 at the Kenmore Bowladrome in Kenmore Square. If you're interested, stop by, as the new season is just getting under way.



If you're looking for other ways to get into the swing of things this fall, you may want to consider tennis. The MGH Tennis League has just begun its eighth season. Play is held every Friday,

between 5:30 and 8:30 p.m., at the Charles River Park Tennis Club, through the end of May. The League is open to all employees regardless of ability. And if you join before the end of this month, you can save money, as well. For more information, please call Phillip Dee at Ext. 6136.



Can't wait

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decision to do something more permanent, there was no indecision as far as where it would be.

"I love it here," he enthused. "I love helping people. I talk to all the patients I transport. I know some people think I'm crazy, but I look forward to coming to work every day."

So much so that he didn't want to wait to start.

"It was no big deal, really," Mr. Owens explained. "I've volunteered other places before. I'm the kind of person who can't sit around with nothing to do. I just figured the hospital could use my help. If there is a job to be done, I want to do it."

It's safe to say that working at the MGH, he won't have to wait for many opportunities to do just that.



Timothy Owens, an employee who would rather work than wait.

Friends

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would cover whatever expenses weren't met by the contributions. In all, more than 50 people gave."

When it was determined that there was enough money to pay for the tickets, the limo, and incidentals, Mr. Oliver quickly bought the tickets for Ms. Reavis and a guest before they were sold out and brought them over to her house.

"She was shocked," related Mr. Oliver. "It was nothing she ever expected. She didn't say very much because every time she tried, she started to cry. It really touched her that the people in the hospital thought enough of her to do something like this."

As it turned out, Gladys Reavis wasn't the only one whose spirits were lifted.

"I was on cloud nine for the rest of the night and the next day," remarked Mr. Oliver. "It felt so good to see her so happy. She's been through a rough time lately, so it was important that she know just how much her friends at the MGH care about her. People responded so graciously from the heart. It's something you just can't put into words. So many people work here because they care about patients, it's nice to see how much we also care about those we work with."



It was only practice, but for those who participated in the recent Ambulatory Care portion of the hospital's Disaster Plan, it was made to be as realistic as possible.

The MGH HOTLINE is published twice monthly by the MGH News Office.

William E. Walch, *Vice President for Resource Development and Public Affairs*

Martin S. Bander, *Director of News and Public Affairs*

Scott G. Davis, *Editor*

Doris G. Schreckengast, *Copy Editor*

Photos processed by MGH Photo Lab

29 October 1987

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MGH

HOTLINE
UPDATE

New Attempt to Revive Health Care Bill

Lawmakers on Beacon Hill are still hoping that more talk will lead to more action on new health care legislation in Massachusetts.

Senate Ways and Means Committee Chairman Patricia McGovern on Tuesday (October 27) held a public hearing to discuss the part of the health care bill that would provide coverage for nearly 600,000 Bay State residents currently uninsured.

On November 2, a public hearing, devoted exclusively to the issue of the hospital payment system, will be held at Children's Hospital.

For several months now, officials of various hospitals including the MGH have been trying to negotiate with the legislature. During this time, several bills have been debated, amended, and debated again.

The most recent version--written by the House Ways and Means Committee-- provided hospitals with a reimbursement of three percent above the national rate of inflation. But since this would apply to only half the MGH's patients and because of cutbacks in Medicare and Medicaid, the hospital would have still faced a deficit of several million dollars.

The MGH along with other hospitals in the Commonwealth has warned that unless there is relief from stringent caps, the quality of health care will be jeopardized, and it will be nearly impossible to remain competitive in the job market. Meanwhile, since no new legislation was enacted by October 1 when the previous controls expired, the House approved a bill to extend Chapter 574, the system that had been in effect during the last fiscal year, for another six months.

But by reverting to Chapter 574, hospitals are receiving even less money now than they would have under the new proposals being debated.

"This is creating a severe financial burden on all hospitals, including the MGH," said Dr. J. Robert Buchanan, General Director. "It is in the interest of patients, employees, and hospitals that legislative action is taken soon. We are still doing everything possible to resolve this issue. It's been heartening to see the support we have received from our employees. We plan to continue to work very hard to help find a solution that everyone can live with."

5 November 1987

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It's hard to miss the activity at the Tower construction site, even if it's sometimes easy to miss the White Building.

Past history aids present treatment

by Laura Freedgood

A dedicated group of intensive care unit nurses, physicians, and respiratory therapists at the MGH showed what teamwork can do when they successfully treated a patient suffering from restrictive lung disease using a relic of the polio age, the iron lung.

When 47-year-old Barbara Chatis from Revere was admitted to MGH in early June with a severe respiratory infection, the hospital had maintained only one iron lung in working condition, essentially since the advent of the polio vaccine. However, none of the medical personnel on Bigelow 8 ICU had experience using it. Because her illness resulted from chronic lung disease, she was a poor candidate for the newer ventilators used for patients with acute respiratory problems. Patients with chronic lung complications can develop a dependency on mechanical respirators which may last weeks, months, or even years.

The treatment team, led by Dr. Leo Ginns, Director of the Wang

Ambulatory Care Center Pulmonary Function Lab, and Ms. Chatis's physician for the past nine years, knew they had to find an alternative. Calling upon the resources of the Staff Education Office at MGH, the nurses, physicians, and respiratory therapists took a crash course in the use of the iron lung.

The iron lung, a large cylindrical tank which envelops the patient up to the neck, works, in principle, like a vacuum cleaner. It sucks in air from outside, creating negative pressure inside the tank and against the patient's chest wall, making it easier for the lungs to move and for the patient to take a breath. In the early 1960s, the iron lung became outmoded as more efficient, less cumbersome, ventilating devices were developed.

"It would have been impossible for Barbara to have survived without a lot of team work from very committed, hard-working staff

continued on page 3

Finding warmth coming in from the cold

She has been deluged with cards and well wishes ever since her arrival. She has received flowers and a baseball cap from the Malden Police Department and a large fruit basket courtesy of Malden City Hall.

A prominent member of that city, you say? In actuality, Norma Castine isn't really a permanent resident of Malden or any other place.

"Malden is just where I hang my hat," explained Ms. Castine, whose home has been the streets for the last 15 years or so. "That's where I hang out most of the time. But I go wherever I feel like it. I'm as free as a bird."

Ms. Castine, however, came in for a crash landing on September 16, the day the blanket in which she was wrapped while sleeping caught fire.

Soon thereafter, she arrived at the MGH with third degree burns, the most severe kind, over 20 percent of her body, mostly to her left arm and back.

From her room in the Sumner M. Redstone Burn Center on Bigelow 12, Ms. Castine still tried to figure out what happened that fateful day.

"One minute I was having a cigarette, and the next minute I was burning up," she related. "I thought I was a goner."

Originally from Reading, the

52-year-old woman was not unfamiliar with hospitals, having trained as a nurse in her earlier days. "I worked in hospitals and nursing homes. I saved a lot of lives, too," she said. "I'm just thankful I was saved. The nurses have been great. I've gotten better care than I deserve."

Norma Castine wants to return to the streets soon, and one place where it is hoped she'll call home is Malden.

"She's been a fixture in the city for many years," remarked one police officer. "She would sleep in the station on cold nights. We're glad to hear she's going to be all right."



Burn nurses provide patients like Norma Castine with expert care.

Coming Soon...

Meet the face behind the mask

Nearly 20 percent of the MGH's more than 1,100 nurses work in the operating rooms. In the course of an average day, they may participate in as many as six different surgical procedures.

To recognize their vital role and also in conjunction with Operating Room Nurses Day, the MGH surgical nurses are sponsoring an open house on Sunday, November 15, from noon to 4:00 p.m. in the Cabot Surgical Day Care Unit on Wang ACC 3.

"It's the first time we've had an Operating Room Nurses open house at the MGH," noted Tony Forgione of the White Operating Room and chairman of the event. "It will be a good opportunity to show employees as well as the public what we do and how we do it."

Operating Room supplies and equipment will be on display, surgical information will be available, and staff will be on hand to answer questions. Also refreshments will be served.



A chance to make a big change by spending small change each week.

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Ether Day album
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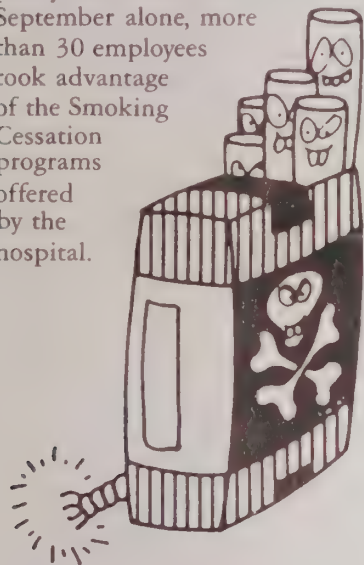


James Young of Dietetics can usually be found up to his elbows in dough...pizza dough, that is, ever since the new Pizza Bar opened last month in the WACC Cafeteria. Any time between 11 a.m. and 5 p.m., you can order a pizza with a choice of toppings, including pepperoni, peppers & onions, mushrooms, and sausage.

Life-style

How are you doing?

It's been more than a month now since the MGH's new smoking policy went into effect. In September alone, more than 30 employees took advantage of the Smoking Cessation programs offered by the hospital.



But if you still want to quit, more help is on the way.

In preparation for the American Cancer Society's annual "Great American Smokeout" on November 19, Training and Development is putting together another series of FRESH START Smoking Cessation programs and will be sponsoring exhibits in the WACC Lobby on November 18 and 19.

FRESH START dates and times are:

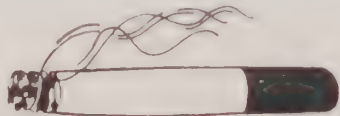
December 2, 8, 10, 14, and 16 from noon to 1 p.m.

December 2, 8, 10, 14, and 16 from 4:15 to 5:15 p.m.

This program, which will be held in Room 080 of Ruth Sleeper Hall, is free to all employees. Preregistra-

tion is required by calling Training and Development at Ext. 2230, or by stopping by the exhibit on November 18 and 19 to sign up.

If you would like to go it alone, self-help booklets are also available through Training and Development.



Even though the American Cancer Society's eleventh annual Great American Smokeout is scheduled to be one day, the MGH's observance this year will actually be both November 18 and 19.

This year's theme is "Adopt a Smoker." Nonsmokers will be encouraged to "adopt" smokers in order to help them to quit for one day—or maybe even forever!

Stop by the WACC Lobby on Wednesday, November 18 (the day before the Smokeout) between 10 a.m. and 4:00 p.m. to learn how to "adopt" a smoker friend and to pick up adoption papers.

And on Thursday, the 19th, come to the information tables in the WACC or Gray lobbies to get the facts on smoking, why you smoke, and how to quit.

In 1986, a record 23.8 million smokers took part in the Smokeout, representing nearly half of the nation's estimated 54.5 million smokers. Of those participating, seven million made it through the day without a cigarette, and 16.8 million cut down on their tobacco intake. More than half of those who quit for the day had still not had a cigarette one to four days later.

This year, it is hoped that more people will "adopt" ways to kick the habit for a day, a week, or for good.

More needy need more

A nationally known leader in the field of Social Work has urged a new activism to aid people who need the most help.

Nancy Amidei charged that aggressive action must be taken because an increasing number of people unable to pay for health care are "falling through the cracks."

Addressing members of the MGH last month, Ms. Amidei praised Massachusetts officials for seeing the need to provide universal health coverage.

Ms. Amidei's lecture entitled "Health Care—Who's Responsi-

ble?" was sponsored by the MGH's Social Service/Continuing Care Department as part of its continuing education program.

Ms. Amidei explained that in the last 50 years, the tremendous increase in the number of poor and elderly have made individual responsibility for health care no longer possible for many people.

A syndicated columnist and Washington correspondent for *Commonweal*, Ms. Amidei is a part-time faculty member of Catholic University and Washington University Schools of Social Work.



Nancy Amidei called on health care workers to do even more to aid the nation's poor.

More retirements

Best wishes to the following recent retirees:

JULY, 1987

Ida Blades, Environmental Services, 17 years

Rachel Brown, Environmental Services, 25 years

Dick Carroll, Security, 17 years

Rose Craven, Ambulatory Care Business Office, 40 years

Leo Fanizzie, Environmental Services, 20 years

Edna Gooding, Environmental Services, 21 years

Charles Kelley, Maintenance, 13 years

Joseph Lentini, Environmental Services, 32 years

Larry Piselli, Environmental Services, 32 years

Gladys Surrette, Operating Rooms, 44 years

Elaine Watkins, Institute, 10 years

AUGUST, 1987

Alma Adamson, Environmental Services, 17 years

Crystal Bourne, Clinical Administration, 20 years

James Callahan, Electric Shop, 21 years

Julia Dell'Orfano, Operating Rooms, 31 years

Rose Elliott, Accounting, 10 years

Carmella LaPia, Central Supply Room, 21 years

Adams Little, Radiology, 19 years

SEPTEMBER, 1987

Martha Diamond, Administrative Research, 24 years

Dorothy Norwood, Anesthesia, 33 years

Peter Recchia, Maintenance, 11 years

Kathryn Tully, Employee Health Service, 21 years

Sylvia Wells, Cardiovascular Health Center, 15 years

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Photos processed by MGH Photo Lab

Honoring those who answer the call

Hospital Telephone Operators Week was recently celebrated at the MGH.

At the MGH's Communications Center, operators handle approximately 15,000 telephone calls a day. These calls cover a variety of functions, including general information, patient information, page operator, and calls from patients and employees seeking assistance.

Operators also monitor 54 elevator alarms in the hospital complex, as well as play critical roles in Code Calls, Disaster Drills, and Fire Drills.

In the Communications Center, 37 operators handle this enormous volume of calls promptly and efficiently 24 hours a day, 7 days a week.



Some of those from the Communications Center who attended a reception celebrating Hospital Telephone Operators Week.

In General

The Massachusetts Alzheimer's Disease Research Center (MADRC) is holding its second annual Scientific Symposium on Friday, November 6, from 9 a.m. to 1 p.m., at the Longwood Galleria Conference Room in the Children's Inn, 342 Longwood Avenue, Boston. A poster session will be held from 9 to 11, followed by discussion groups. Dr. John Growdon of the MGH is program director of the MADRC. The symposium brings together researchers from around the state involved in Alzheimer's disease and gives them an opportunity to illustrate through posters their current research efforts while discussing their findings with others. For more information about the symposium, please call Pamela Trimble at Ext. 3987.

The MGH's Patient Education Committee all this week has been sponsoring a program entitled, "Knowing Your Risks," in conjunction with National Patient Education Week. Displays have been set up in the WACC Lobby to educate people on smoking, exercise, stress, and blood pressure.

The 10th annual Royal Sonesta Doctors' Run for the American Heart Association will be held on Sunday, November 22. Hundreds of physicians are expected to take to the streets to race in the 5-mile and 2.5-mile course along the Charles River, beginning and ending at the Royal Sonesta Hotel in Cambridge. Doctors who would like to participate can call 449-5931, Ext. 40, for more information.



Many people seriously looking for a job at the MGH found one recently at the hospital's Job Fair, held under the tent on the Bulfinch Patio. About 50 employees were hired as a result of the event. If you missed the Fair, a Job Opportunity table is set up every Wednesday and Thursday in the WACC Lobby listing the latest job openings.



League Head Umpire Billy Aylward (left) presents Championship Trophy to members of the Electric Shop. (Left to right) Eddie McInnis, Orazio Marintello, and John Schena.

Award winners clean up at banquet

The smell of Chinese food filled the air as members of the MGH Softball League traded their bats for chopsticks at the annual awards banquet, held the evening of October 16 in Ruth Sleeper Hall.

Although the Electric Shop won its second consecutive championship, members of other teams were also cited for their achievements during the season:

Most Valuable Player—Eric Johnson, Electric Shop

Offensive Player of the Year—Wayne Robinson, X Ray

Defensive Player of the Year—Paul Kerrigan, Electric Shop

Most Improved Player—Arthur Ford, Carpenter Shop and Billy Beaudry, Personnel

Rookie of the Year—Bobby Giunta, Personnel

"Hind End" Award—Dr. Peter Mueller, X Ray

"Clown" Award—Jerry Maiullo, Electric Shop

"Special Thanks" Award—Joe Malone, Carpenter Shop

"Tenth Player" Award—Bob Elias, HVAC

Treatment

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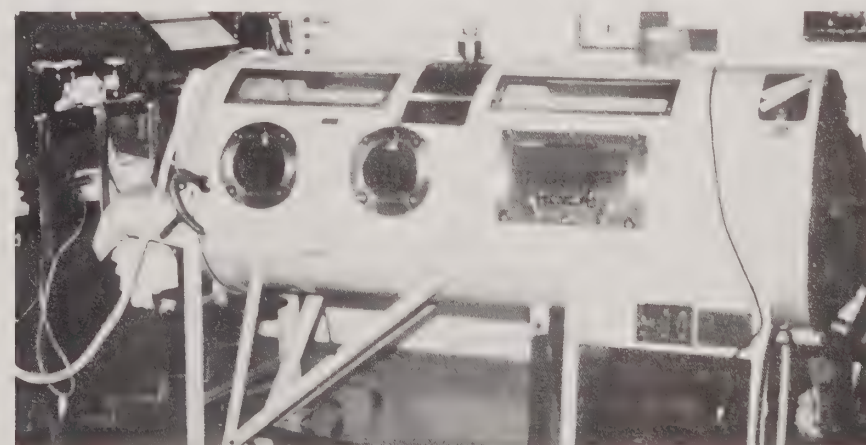
nurses, who didn't have any experience with the iron lung, but who quickly learned how to use it," explained Dr. Ginns.

Managing Ms. Chatis on the lung was complicated because she was born with kyphoscoliosis, a curvature of the spinal column which produces an abnormally shaped rib cage and reduces both the size and the capacity of the lungs. The kyphoscoliosis had, in fact, caused her restrictive lung disease.

"When patients are confined to the iron lung," explained Lucy Dahlgren, RN, Barbara's primary care nurse on Bigelow 8 ICU, "there is only one way to fit them in. We had to be very creative in order to maximize her comfort and insure that the lung would work."

But the team persevered and was able to normalize Ms. Chatis's respiratory functioning and to remove her from the iron lung within 24 hours. Soon after, she was discharged home. When she developed another infection almost immediately and was readmitted to Bigelow 8 ICU in acute respiratory distress, the treatment was well in place to manage her care.

Although she may be at risk for developing further respiratory complications, the team on Bigelow 8 ICU, through dedication and medical know-how, is equipped to help her. As Dr. Ginns put it: "By presenting us with an unusual problem, Barbara forced us to think of employing a once much used device in a very different way."



The iron lung of the 1950s played an important role in treating an MGH patient this year.

Ether Day Ambulatory Care Breakfast at Bunker Hill**Ether Day Ceremony in Wang ACC**

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No job too much for these volunteers

It is fast approaching late afternoon on Gray 3A. Marlene Wise is preparing to call it a day in the Blood Gas Lab, where she has been on the job since 7 a.m. working as a technologist.

For most people, the end of work signals the beginning of an evening of fun, relaxation, or just sleep. Anything to get away from the pressures and tensions of a busy workday.

So where can Ms. Wise be found one evening a week? In the middle of a hectic MGH Emergency Ward.

Marlene Wise is one of about 20 MGH employees who work by day and volunteer by night. Having already put in eight hours or more on the job, these men and women have decided to spend some of their free time right here, assisting staff,

most of her evening is devoted to patients who have come into the E.W.

"Most people want to talk about how they feel or tell me about their concerns," said the volunteer. "Sometimes just asking how they are can lead into a lengthy conversation. It helps pass the time for them."

While many E.W. staffers may hope for a quiet evening, Ms. Wise says for her, the busier the better.

"I like it when there's a lot going on," she remarked. "The evening goes by a lot faster, and I feel I've made a contribution. But being here for about 12 hours can get a little tiring too."

While Ms. Wise only has to go three floors to volunteer her time,

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Even though young A.J. is unable to talk, he's never had any trouble communicating with volunteer Diane Elisa.

patients, or family members.

For Ms. Wise, an 18-year employee, exchanging her white lab coat for her pink volunteer coat means more than just a change in clothing.

"I've been doing it for close to nine years now, and I really enjoy it," she explained. "It's so different from my regular job. I feel that if I can help just one person get through a traumatic experience, it's worth three hours of my time."

Although Ms. Wise spends some of her time going to the Blood Bank or the labs with specimens,

Glad day for Gladys!

Even in the best of times, Luciano Pavarotti never needed his famous voice to be music to Gladys Reavis' ears.

In fact, all Ms. Reavis ever had to do was simply *look* at a photograph of the tenor in order to brighten her whole day.

So when Ms. Reavis not only got the chance to hear Mr. Pavarotti at Boston Symphony Hall on October 25, but also to meet him in person, it didn't just make her day, but probably her year.

And considering the kind of year the MGH secretary has had, that is saying a lot.

Through the generosity of her colleagues at the MGH, Ms. Reavis was able to attend last month's concert, this despite the fact that she

continued on page 4



What kind of night will it be at the MGH when the moon is full? That's a good question.

Trying to shed light on the moon

"The art of medicine is not so fixed that we are without authority, no matter what we do; it changes according to the climates and according to the moons."—Michel de Montaigne, 1533-1592.

Was it a pre-Halloween joke, or was it for real?

Nobody seems to know. But the question appearing in the "Ask the Globe" column on October 19, was treated as though it were a legitimate query.

The newspaper was asked, "Is it true that Massachusetts General Hospital does not schedule elective surgery during a full moon because it increases bleeding?"

The answer...a simple "Baloney."

The question was signed by someone with the initials "E.W." So that seemed like a good place to start asking some questions about what effect, if any, the lunar cycle really has on people.

"We *may* see a slight increase in the number of patients who come in on nights of a full moon but nothing really significant," stated David Dailey, a night supervisor in the Emergency Ward for more than 20 years. "Those nights might be compared to a typical Friday night in that we're usually busy and the excitability level also seems to rise. But it may be more suggestibility than anything else."

And the E.W. has not carried out any studies to determine whether there is even a slight increase in patients during a full moon.

Others in the hospital, however, insist it goes beyond the power of suggestion.

"We definitely have more activity on nights of a full moon. There's no question about it," declared Joseph Gately, Director of Police and Security. "Not just that, but it seems as though we're also busier a few days before and a few days after the moon is full. But don't ask me why."

Mr. Gately said, however, that his strong impressions about more activity on nights of a full moon have not been subjected to a numerical study.

So maybe it's the "moon-struck madness" written by John Milton in *Paradise Lost*. But then again, maybe it's all coincidence, too, or even a perception not backed by fact.

"Studies have been conducted in Cleveland and Miami which concluded that there is absolutely no substantial evidence to indicate that there is more strange or violent activity on nights of a full moon than on any other night," noted Dr. Thomas P. Hackett, Chief of

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Volunteers

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others travel a little farther.

Diane Elisa and Joan Litchfield are two who work in downtown Boston but who come to the MGH to volunteer. Ms. Elisa, an Operations Planner with Shawmut Bank, volunteers Saturdays on Burnham 6, while Ms. Litchfield, the Manager of Materials Management in the State Division of Employment Security, can usually be found two evenings a week either in the E.W. or on Baker 9.

Ms. Elisa began as an MGH volunteer after seeing a posting on her company's bulletin board.

"Shawmut has always had a big commitment to the community at large, so when I saw the opportuni-

ty to come here, it seemed like a good idea, so I decided to do it," explained Ms. Elisa. "And since I've always had a soft spot for children, of course I asked if I could work in the Pediatric Unit."

On Burnham 6, the patients are primarily infants and babies under the age of two. Many can't talk or have tracheal tubes. But for one patient in particular, his face says what his voice can't, especially when he sees Ms. Elisa.

"His name is A.J.," the volunteer explained. "He's two years and has been a patient at the hospital almost his entire life. The first time I saw him, he was wearing a body cast and couldn't walk. But the cast has since been removed, and he is beginning to walk a little. It's remarkable to see how much progress he's made. He still doesn't talk because of the tube. But we've never had any trouble communicating. In him, I can see the *face* of laughter, instead of the sound of laughter."

Ms. Elisa says that even though she has a very busy workweek at the bank, she always looks forward to the time she spends at the MGH with the children.

"Some of them need to be fed, others need to be played with, and a few need to be cuddled, especially those who don't see their families very often," noted Ms. Elisa. "Being with them touches one's own heart. I'm so grateful my children are well and I feel it's the least I can do to try to help others."

It was a sense of gratitude that



Marlene Wise (right) says she enjoys interacting with staff members like nurse Jackie Lee as much as she does patients in the E.W.

also inspired Joan Litchfield to come to the MGH as a volunteer.

"In 1979, my husband was a patient at the MGH for three months," she related. "It was then that I found out what a big heart the hospital had. The staff really cared about us as people. They were very supportive."

Ms. Litchfield's husband died, but she promised herself that someday she would try to repay the hospital for the kindness shown to her family.

A year and a half after her husband's death, Joan Litchfield was back at the MGH as a volunteer.

"I love the medical environment because it's so stimulating," she stated. "And to me, there's no other hospital but the MGH. I'm also a night person, so it doesn't bother me to work a full day and come here afterwards. What I do is totally different from what my job is with the state. I really look forward to it."

Ms. Litchfield explained that she needed some time after her husband's death before returning to the hospital. However, she never doubted that she would be back.

"Sure I still have memories from when he was a patient. But I think I'd have them whether I was here or not," she explained. "I just thought it was a good opportunity to be out with people and to feel needed."

And Ms. Litchfield believes she also can bring a personal perspective to patients and their families.

"I think I can better relate to them because of what I went through," she said. "I can understand the fears and horrors of illness because I went through it with my husband. But I can also tell them what a wonderful place the MGH is. I don't consider myself a do-gooder by volunteering my time. Actually, I think I get out of it just as much as I give. Probably more."



Joan Litchfield (right), with Baker 9 nurse Kathy Igoe, helps brighten the day for many.

Life-style

Picture this: It's New Year's Day, and you find yourself making the same resolution you make every year—to lose the ten pounds or so you've gained over the holiday season.

This year, why don't you try making that resolution *before* the holidays and preserve your shape without sacrificing good times.

Holiday eating doesn't have to spell "disaster." You can control your weight by planning ahead and making wise food and beverage choices as you enjoy the inevitable string of parties and get-togethers.

The "spirit" of the holidays may mean being tempted by holiday spirits. Unfortunately, alcoholic beverages have many calories and weaken willpower against the beckoning hors d'oeuvres table. To lessen this problem, try eating a light snack or a salad before going to a party. You'll be less hungry and less apt to overindulge in both drinks and appetizers.

When you do partake, stick with white wine, wine spritzers, and light beer. Stay away from the calorie-laden mixed drinks and eggnog. Save calories by refilling your glass with club soda, sparkling water, or diet tonic. Raw veggies and low-fat crackers such as melba rounds and

krispbreads are the best "munchie" choices. But remember, if you keep your mouth busy with engaging conversation, you won't have time to overdo it on the nibbles!

When eating a holiday meal, the key is moderation. Go ahead and try the foods you really enjoy. (After all, it is the holidays.) But limit the portions. Keep servings of meat and special holiday items on the small side, and fill up on fresh vegetables and salads. Also try to drink water with your meals. It will fill you up but add no calories. Another good idea is to plan to have either one or two alcoholic beverages *or* a dessert. Avoid having both at one gathering.

Having your own party gives you the opportunity to serve delicious but healthy fare. Try attractive, low-calorie appetizers, such as cherry tomatoes stuffed with tabouleh or pea pods stuffed with hummous. (See recipes.) It is likely that many of your friends will also be trying to avoid holiday overindulgence and will appreciate an opportunity to celebrate the holidays without all the calories.

By all means, don't expect to be perfect the entire holiday season. Enjoy the festivities, including good food. Keeping the principles of moderation and planning in mind, you can make it to New Year's Day without those extra ten pounds.

PEAPODS WITH HUMMOUS

2 cups cooked garbanzo beans (chick peas)
 ¼ cup tahini (sesame seed butter)
 5 tbsp. lemon juice
 2 cloves minced garlic
 ¼ - ½ cup water
 ¼ tsp. cracked black pepper
 4 ounces fresh pea pods (about 32)

Combine beans, tahini, lemon juice, garlic, ¼ cup water, and pepper in food processor or blender. Blend until smooth. Add additional water as necessary to reach desired consistency. Slice pea pods along side and stuff with hummous. Serve remaining hummous as dip/spread with fresh vegetables and low-fat crackers.

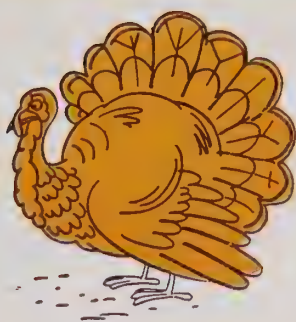
TABOULEH TOMATOES

⅔ cup raw bulgur wheat
 2 cups boiling water
 ½ cup cooked garbanzo beans
 ½ cup fresh minced parsley
 ½ cup fresh mint, chopped
 ½ cup scallions, chopped
 2 medium tomatoes, chopped
 ¼ cup lemon juice
 1 tbsp. safflower oil
 ½ tsp. salt
 fresh cracked pepper to taste
 2 pints small cherry tomatoes

Pour boiling water over bulgur and let stand for about two hours until fluffy. While bulgur is soaking, prepare cherry tomatoes for stuffing by slicing off tops and scooping out the insides using a small spoon or grapefruit knife. (Discard insides or save for use in soup or sauce.) After bulgur has soaked two hours, remove excess water by shaking in strainer or squeezing bulgur with your hands. Add all remaining ingredients to the bulgur (except cherry tomatoes). Mix well and chill at least one hour. Stuff tomatoes with tabouleh.



Marie Hibbett of Radiology (left) was among the many who took advantage of screenings offered as part of the "Knowing Your Risks" program. Taking her blood pressure is Surgical Nurse Theresa Capodilupo.



Problems? You've got their number

If you've had trouble remembering the telephone extensions of certain maintenance shops whenever you've needed a service call, you now have to know just one number—2422.

That's the new extension for all maintenance requests in the hospital. From now on, any time you have a problem, whether it be electrical, plumbing, or heating, simply call Ext. 2422 to have it corrected, seven days a week, 24 hours a day.

At the other end of the phone will be a member of Maintenance Operations, who will ask you your location, the problem, and the cost center number.

The information will then be placed into a computerized work order system, which will keep track of the cost of labor, time, and materials.

"We hope this will be a more efficient system for handling service

requests and will eliminate needless steps," said Mike Kelly of Maintenance Operations. "In the past, some people didn't know what the problem was and wasted time calling different shops. Now they can get service by calling a central number."

The blue maintenance requisitions slips, which departments have sent to individual shops, will now go to one location—Plant Operations in the Gray subbasement.

The new system is expected to handle more than 1,000 service calls a week to be performed by members of the following shops: Electric, Plumbing, HVAC, Metal, General Construction, and Carpenter. In addition, calls for painters, elevator repairs, Mr. Fix-It, the Locksmith, and Preventive Maintenance will also be handled this way.



The latest in Halloween exercise apparel was recently modeled at an employee fitness class in Ruth Sleeper Hall.

Transport moves

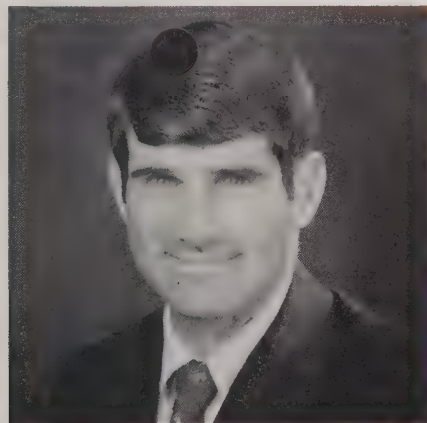
Having transported their office from one end of the Gray basement to the other, members of Transport Services held an open house the morning of November 10 to show off their new quarters to the rest of the hospital.

"We're delighted with it," remarked Robert Winebold, Transport Supervisor. "It's bright, attractive, and open."

A Division of Materials Management, Transport Services employs 72 full- and part-time workers, who transport patients, specimens, and reports, 24 hours a day, 7 days a week.

"We transport about 66,000 patients a year," said Mr. Winebold. "We also serve the health centers in conjunction with Transportation."

In General



Dr. Thomas P. Stossel

Dr. Thomas P. Stossel, Director of the Hematology/Oncology Service at the MGH and Professor of Medicine at Harvard Medical School, is one of the first two recipients of the newly established American Cancer Society Clinical Research Professorship. This award provides salary and discretionary funds for the recipient to use in order to bring basic science advances into clinical studies in connection with the causes, prevention, diagnosis, and treatment of cancer, or for taking clinical problems into the basic research laboratory. Dr. Stossel is a world leader in the biology of phagocytes, cells important for body defense against infection and possibly against malignant tumors and a leading expert in the clinical management of clinical disorders involving phagocytes. Dr. Stossel is a graduate of Princeton University (summa cum laude) and Harvard Medical School. Among other honors, he received the Dameshek Award of the American

Society of Hematology in 1983. He was Editor of The Journal of Clinical Investigation from 1982-87, and President of the prestigious American Society for Clinical Investigation in 1986.

There will be two minor changes in the Basement circulation patterns for which employees need to make adjustments. The Basement corridor in the Rehabilitation Building from the Vincent Burnham Pharmacy entrance to the Clinics Building will be cut off. People may walk through the Medical Records corridor to get to Pharmacy, Environmental Services, and stairs to MEEI. The Phillips House Basement door heading southwest (MEEI side) going into the Arch will be locked except in an emergency. This is to prevent people from possibly being hurt by construction traffic.



Day or night, there is always activity in Transport Services.

There is still time to get your new City Book for 50¢ each in Personnel Records (Bulfinch 2) while supplies last.

Don't forget that today (November 19) is the Great American Smokeout. It's also your chance to "adopt a smoker" for the day.

The next edition of the MGH Telephone Directory will be printed in December. Please submit all additions/changes/deletions for the next printing to the Communications Department no later than November 30. In order to minimize the chance of error, all information should be typed in the following format:

LAST NAME/FIRST NAME
(27 character or space limit)
Smith, John

EXTENSION
(10 character or space limit)
2000

DEPARTMENT
(16 character or space limit)
Communications

LOCATION
(8 character or space limit)
White 13

All correspondence should be mailed to: Communications, White 13, ATTN: Pamela Rivera. If you have any questions, please call Ext. 2086.



Employees and guests got a large sampling of MGH-East during an open house held last month in Charlestown.

Just kidding around

We were taken back in time. We were all kids again.

For 90 minutes or so, Steve Allen, Jr., M.D., allowed us to forget our problems and just act silly.

And even though it may have been a while since some of us acted silly, we showed that we hadn't forgotten how.

Dr. Allen, son of the famed comedian, paid a house call to MGH and MEEI employees on October 21. He brought with him a large dose of humor. And for most, it was exactly what the doctor ordered.

Much of his performance centered on three brightly colored scarfs given to each of those attending the three shows. Specifically, we were given a quick lesson in different ways to wear the scarfs and then how to juggle with them.

But it wasn't all fun and games. Indeed, there was at least some method to the madness.

"Humor is the most powerful stress reliever we have," asserted Dr. Allen, a family physician. "Sometimes it's just a matter of finding it."

Dr. Allen's appearance was co-sponsored by the MGH Office of Training and Development, which encouraged employees to give feedback about the show. It is hoped that other programs geared to employees will be offered.



For many employees, Steve Allen, Jr. was just what the doctor ordered.



His humor was easy to catch...



And he gave us a whole new image.



But for Charlie Hall (inset), Project Director for the Towers Project, hearing Steve Allen, Jr. may have been just the inspiration he needed for the beginning of a whole new life. Here he tries to convert members of Administration on White 1.

Gladys

from page 1

suffered a massive stroke in the spring that left her almost completely paralyzed. (See Oct. 22 **HOTLINE**.)

Planned by Philip Oliver of the Gray Family Waiting Area and Jan Blaine of Admitting, Ms. Reavis' day not only featured the concert but also a limousine ride to and from Symphony Hall.

"We wanted to make sure it would be something that Gladys would not forget," explained Mr. Oliver. "She had never been in a limousine before, so we thought, why not?"

The limo came complete with a telephone, bar, television, and even an oriental rug on the floor.

"She really enjoyed it," said Mr. Oliver. "There was even time after the concert for Gladys to have some members of her family join her for a ride around Boston."

But make no mistake about it. The highlight of the day was coming face to face with the man she has described as being her inspiration.

"They met briefly in 1985 after he performed at the Wang Center," said Ms. Blaine. "So I wrote to his [Pavarotti's] staff to see if another meeting could be arranged at Symphony Hall."

Escorted by Mr. Oliver and followed by a reporter and photographer from the **BOSTON GLOBE** and a crew from Channel 5, Ms.

Reavis slowly made her way up the stairs leading to the stage. Mr. Pavarotti was just about to leave the stage when he spotted Ms. Reavis.

"Gladys, how are you? I'm happy to see you," he said in his strong voice. Mr. Oliver presented him with flowers from her, and Mr. Pavarotti then gave Ms. Reavis a big hug.

Through it all, Ms. Reavis remained silent, perhaps awe-struck by what she was witnessing. The tenor then left the stage to the applause of a small group still assembled in the hall.

"I can't believe it really happened," remarked Ms. Reavis repeatedly.

In the weeks since that October Sunday, Gladys Reavis undoubtedly has played and replayed that moment in her mind, even more often perhaps than she has played her vast collection of Pavarotti recordings.

She continues to recover slowly from her stroke. But for one day at least her coworkers gave her the best medicine she could possibly have received.

Moon

from page 1

Psychiatry at the MGH. "What some studies have shown is that more violence seems to occur in the warm weather and much less takes place when it is cold, but nothing about the moon playing a role.

Although acknowledging that the word *lunatic* is derived from *lunar*, another word for moon, Dr. Hackett went on to say that for some, the full moon may in fact produce the opposite effect. "It may actually bring out feelings of romance," he said. "In some people, it seems to make them more mellow."

So is there something to this moon business or not? It appears that when it comes to definitive answers, even in the moonlight, we're still in the dark.

Partners in sharing

reaffirms the collaborative effort which is essential for quality care.

Thank you for this genuine appreciation of the work and worth of all of us. The pins are well crafted and will be worn with pride. It was a pleasure to be identified by a red carnation signifying us as members of the group of celebrants.

Jean Leuner
Sylvia Paige
Barbara Willson

Faculty of the Graduate Program in Nursing, MGH Institute of Health Professions

Caring is contagious! It was particularly so on Ether Day, October 16, 1987, when administrators exemplified this quality by the warmth of their congratulations to the 900 employees who have completed 5, 10, 20, 30, 40, 50, and 60 years at MGH.

The impact of observing a diversity of coworkers applauding enthusiastically for nursing assistants, pharmacists, dietitians, physicians, maintenance staff, secretaries, nurses, anesthesiologists, operating room technicians, to mention just a few of the categories of personnel represented, drew us into the spirit of the event. We were all participants and joined in the applause for our colleagues in recognition of years of dedication in the interest of excellence in the care of patients.

Coming together to acknowledge the variety of people who comprise the MGH

The MGH **HOTLINE** is published twice monthly by the MGH News Office.

William E. Walch, Vice President for Resource Development and Public Affairs

Martin S. Bander, Director of News and Public Affairs

Scott G. Davis, Editor

Doris G. Schreckengast, Copy Editor

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3 December 1987

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Bulfinch 1, Extension 2206

Office for Parenting—a resource for employees

In recognition of the growing needs of working parents at the MGH, the Department of Human Resources continues to search for appropriate ways to assist employees in resolving dependent care problems. In this context, the MGH is pleased to be sharing in the establishment of the new Office for Parenting now open at the Harvard Medical Center.

The Office of Parenting can be of help to you if you have children of any age or are caring for an elderly relative. The Office is able to provide useful information on family life resources and services through contributions from the MGH and other Harvard teaching hospitals, Harvard Medical School, School of Dental Medicine, and School of Public Health.

The Office for Parenting is directed by Maureen Sayers VanNeil, M.D., while Barbara Wolf, M.S., Ed. will be the principal Coordinator of Information and Referral Services. The Office is situated at the Harvard Medical Center, 221 Longwood Avenue, in Room 416. The telephone number is 732-1615. You can call 9 a.m. to 5 p.m., Monday through Friday.

On Friday, December 4, from 7:00 a.m. to 6:00 p.m., information tables will be set up in the General Cafeteria and the WACC Lobby. Members of Human Resources will provide additional information and distribute sign-up forms for copies of the "Parenting Resource Handbook."

continued on page 3



These future surgeons recently were given a head start in their medical careers. Story on page 4.

She worked so they would quit

Sue O'Donnell gave up her night so that four other nurses would give

up something on theirs. At least for eight hours. Maybe even forever.

Ms. O'Donnell, head nurse on Baker 7, last month "adopted" four of her nurses in connection with the American Cancer Society's Great American Smokeout. A theme of this year's campaign was for a nonsmoker to "adopt" a smoker to help that person kick the habit.

There was just one problem. The four nurses who agreed to be adopted all worked the 11 p.m. to 7 a.m. shift. So a deal had to be struck.

"I told them that if they gave up smoking for the night, I would come in to give them support," said Ms. O'Donnell. "For me it's just one night. For them, it could be the start of a long-term commitment. It's not an easy habit to break. But I really felt that if they were going

continued on page 2

WACC tells smokers to butt out

As an outgrowth of the MGH's new policy, the Wang Ambulatory Care Center has now banned smoking in all public areas of the building.

Since November 5, no smoking has been allowed in any area of the lobby, the cafeteria, or in public corridors of the WACC.

The decision on whether to permit smoking in doctors' waiting rooms is being made on an individual basis. However, in order for these areas to allow smoking,

continued on page 4



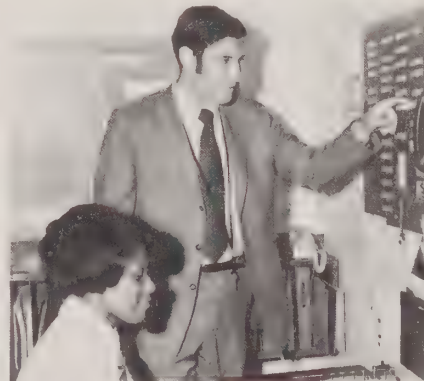
Cardiologist Dr. Allan Friedlich and nurse Julie Basque give Michael Belton of the Carpenter Shop (middle) a helping hand in putting up one of the many "No Smoking" signs now visible around the hospital.

A silver anniversary celebration

For the head nurse, it was the usual hectic eight hours.

During her shift, she helped care for patients and supervised other nurses assigned to her unit. But beyond this, she also ordered supplies, transcribed doctors' orders, and helped oversee the repair of everything from a bed caster to a window shade.

A typically busy day in the life of a head nurse at the MGH...typical,



Several former members of Clinical Administration, such as Stephen Kauffman (here with Sandra Boyd), have gone on to other MGH positions.

that is, before the year 1962.

This changed, however, with the creation of the "Unit Manager Program," which later became known as Clinical Administration.

As 1987 draws to a close, Clinical Administration is celebrating its 25th anniversary of service to the MGH.

Introduced by Miss Edna Lepper, then Associate Director of Nursing, the Unit Manager Program was designed to free nurses from defined clerical and administrative responsibilities so that they could better concentrate on direct patient care.

The MGH was one of the first hospitals in the country to attempt

this innovative program and to successfully develop a management system based on this model.

The pilot program began in May of 1962 on White 10 and continued as a test area until October of that year. The next year the program was expanded to include Unit Managers on White 7 and White 11. In subsequent years, nearly all patient care units in the hospital had a Unit Manager.

continued on page 4

There from the very beginning

Frances Snyder and Mattie Cannon don't consider themselves to have been pioneers. But in a sense, that's exactly what they were.

In 1962 when the "Unit Manager Program" (now Clinical Administration) began, Ms. Snyder and Ms. Cannon were there on that very first day as members of a new unit at the MGH designed to give secretarial and clerical support to the nurses so that they, in turn, could give more clinical support to the patients.

Twenty-five years later, these two women continue to serve that same purpose.

continued on page 4

Inside

Tune up for the holidays
page 2

Resolutions for the body and mind
page 2

Discount shopping
page 3



Whatever happened to fall? One day last month you could bask in near 80-degree temperatures while eating lunch on the Bulfinch Patio...



And just a few days later, instead of avoiding a sunburn, you had to watch out for other things.

Let's hear it!

The sound of music is about to fill the MGH again this holiday season.

If you want to get into the Christmas spirit by listening to carols, four groups of students will be coming into the hospital in the next two weeks to entertain employees, patients, and visitors:

Friday, December 11
Boston University Chapel Concert
2:00-3:00 p.m.
Carol singing on units

Wednesday, December 16
Perkins Bell Ringers
2:00-3:00 p.m.
Chapel Concert

Friday, December 18
Beaver Country Day School
2:30-3:00 p.m.
Carol Singing in WACC Lobby and on units

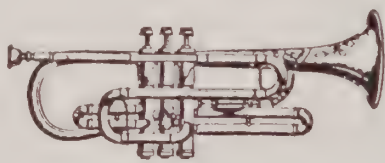
Monday, December 21
A.C. Whelan School, Revere
12:00-12:30
Carol singing in WACC Lobby

You can also lend your own voice and musical talents to the holiday festivities by participating in our annual caroling in the WACC Lobby:

Tuesday, December 22
12:00-1:00 p.m.

Wednesday, December 23
1:00-2:00 p.m.

Thursday, December 24
12:00-1:00 p.m.



Life-style

Plan now for your New Year's resolutions. Visit the WACC Lobby on Wednesday or Thursday, December 16 and 17, from 10 a.m. to 3 p.m., to pick up some tips on aerobic exercise and fitness from the Employee Exercise Program.

When you stop by, also be sure to pick up your free gift card good for one free aerobics class.

And speaking of gifts, if you are looking for something to get a coworker this Christmas, how about a gift certificate for aerobics classes? (Since space is limited, this program is only open to MGH employees.)

If you would like to expand your mind while you reduce those extra pounds, the MGH's Bunker Hill

Health Center is offering the following programs in the coming months:

Assertiveness Training
Thursday, January 7, 14, 21, and 28, 7:00 p.m.

Alternatives to Anger (Free Lecture)
Monday, February 1, 6:30 p.m.

Managing Depression
Thursday, February 4, 11, 18, and 25, 7:00 p.m.

Alternatives to Anger
Monday, March 7, 14, 21, and 28, 6:30 p.m.

For more information, call Dr. Michael Cauley or Dr. Brian Ott at 242-5760 or 242-5780.

Adopt

from page 1

to try to do it, it was important that I be here for them."

So after working a full day on November 19, Ms. O'Donnell went home to get a few hours sleep and was back on Baker 7 at 11 p.m. But she didn't come empty handed, bringing in substitutes for cigarettes that she thought would help.

"I made brownies, raisin toast, and homemade jam, along with other snacks," said Ms. O'Donnell. "I hoped that they'd be so distracted by food while on their breaks, they wouldn't think about smoking."

As it turned out, nurses Sandra White, Rose Stout, Claire MacIsaac, and Jean Curley did *think* about it. But that was all. And considering it was a quiet night, it made the urge to resist temptation that much harder.

"A few times during the night I started to reach for a cigarette, but then I remembered I didn't bring them in," remarked Ms. White, who in recent years has given up smoking for Lent. "One year, I even forgot to have a cigarette on Easter Sunday until late that day. Unfortunately, just remembering it was enough to make me want one again."

And Ms. White added that the same may hold true this time. "I'd like to smoke every now and again," she admitted, "but to tell you the truth, I think I like smoking too

much to stop altogether."

The nurses were quick to give credit to their head nurse for sacrificing her time for them.

"I don't think we could have done it without her," declared Ms. Stout. "We felt that we couldn't let her down."

For her part, Ms. O'Donnell also survived. "It was the first night I've worked in several years, and it was an interesting experience," she said. "I wouldn't want to work two shifts every day, but I'm glad I could do it. I guess I'd be a little disappointed if they all went back to smoking as soon as they got home. But if one person can stop for a while, or even for good, it will have been worth it."

One nurse who hopes to do just that is Claire MacIsaac.

"I'd like to quit," she said. "I really only smoke when I'm at work. When I smell other people's cigarettes, I guess I'm more tempted."

Overhearing that remark was Rose Stout. And it gave her an idea.

"If I agreed to stop smoking at work, would that help you stop?" she asked Ms. MacIsaac.

"Yeah, I think it would," was the reply.

"O.K., then we'll try it and see."

"The one thing you should not do," advised Ms. White, "is to tell yourself you've quit. Just say that for now, you're not going to smoke. It's something you have to take day by day and see what happens."



Sue O'Donnell (left) hopes that an apple a day may keep the cigarettes away from Sandra White and Rose Stout.



One way of avoiding the crowd is to take an early Sunday morning walk along the first floor corridor of the Gray Building.

Parenting

from page 1

Some of the ways the Office for Parenting may be of help to you are:

- Provides you with the Parenting Resource Handbook, a useful collection of resources for parents of children of all ages, with a special chapter on the care of elderly relatives. Sample chapter titles include, "Choosing Child Care," "Pregnancy and Postpartum Resources," and "Helpful Home Services for Parents," to name a few.
- Acts as an information and referral agent in helping parents locate child care.
- Provides information and resources for care of elderly relatives.
- Provides information on other general support services and activities for families.
- Creates a network of parents organized by institution and by



neighborhood to serve as resources for one another.

To properly clarify the role of the Office for Parenting, you should be aware that the Office's services do not include actually locating or arranging child care, finding you a part-time or flex-time job, or advising you on issues such as maternity leave.

In General

The General Store and the ACC Gift Shop are pleased to offer an *MGH Employee Appreciation Day* on Friday, December 4. Spend \$10 on gifts, jewelry, clothing, cards, stuffed animals, or toys and get 15% off. MGH IDs must be presented. Due to limited space, no items will be held.

Congratulations *Caring!* The MGH Nursing publication recently won a first prize from Sigma Theta Tau International, the honor society of nursing. The honor was in the "Excellence in Nursing Journalism" category in Nursing Media Print for the northeast region. Edward Coakley, Director of O.R. Nursing and Editor of *Caring*, accepted the award at the organization's biennial meeting in San Francisco.



Among those joining Dr. Farahe Maloof and his wife at a lecture honoring his work as former Chief of the Thyroid Unit were Dr. Oliver Cope (left) and Dr. Gilbert Daniels (right).

The first Farahe Maloof Lecture was held on November 3 in the Ether Dome. The Lecture honored Dr. Maloof, Chief of the MGH Thyroid Unit from 1966 to 1980 and Professor of Medicine emeritus at Harvard Medical School. The inaugural lecture was delivered by Dr. William Chin, former member of the MGH Thyroid Unit and now Chief, Genetics Division, Department of Medicine, Brigham and Women's Hospital and an Investigator at the Howard Hughes Medical Institute. Funds for the Lecture were donated by patients, colleagues, and friends of Dr. Maloof. Contributions to the lecture series can be sent to the "Farahe Maloof Lectureship," c/o MGH Thyroid Unit.

The MGH Institute of Health Professions is sponsoring an Open House for registered nurses with bachelor's degrees (in nursing or other disciplines) on Wednesday evening, December 9, from 6:00-7:30, in the Wellman Conference Room. If you are interested in becoming a clinical nurse specialist, join faculty and students and learn about the Institute's Master of Science Degree Program in Nursing. For more information, please call Carol Tranfaglia at Ext. 8010.

Lois J. Filocamo of the MGH Beauty Service successfully completed the 25th Annual Advanced Cosmetology Conference at the University of Connecticut.

Ask Mr. Foster/Presidential Travel congratulates the winners of door prizes awarded at a Travel Fair held at the MGH on October 26:

Stephen Smith and Delores Rice—T-shirts donated by Carnival Cruise Lines.

Thomas Wonders and Martha Andrews—Travel Alarm Clocks donated by TWA.

Randall Margolis, Kathleen Duff, Christine Stevens, Jeanne Rosa, Ena Chang, and Robert Beh—Coffee Mugs donated by Ask Mr. Foster/Presidential Travel.

Frank Traynor—Picnic Basket donated by Sitmar Cruise Lines.

Scott Brent Phillips—The grand prize winner of a trip for two to Jamaica, donated by Globetrotters.

Ask Mr. Foster/Presidential Travel looks forward to sponsoring future Travel Fairs at the MGH.

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Photos processed by MGH Photo Lab



The staff of "Caring" now hopes to reach even new heights after winning a first place award from a national nursing organization.

Standing room only in operating rooms

More than 400 people, many of them children, recently got a firsthand look at what goes on in a typical MGH operating room.

On Sunday, November 15, the Cabot Day Care Surgery Unit on Wang ACC 3 held an Open House, coinciding with Operating Room Nurses Day.

The public learned about General Surgery as well as specialties, such as Pediatric, Hip, and Knee. The use of Anesthesia was also demonstrated.

In addition, exhibits were on display dealing with a variety of medical topics.



The O.R. Nursing Open House gave some young people a chance to experience life in an operating room.

Anniversary

continued from page 1

The first of these Managers or Coordinators, as they are called today, were responsible for monitoring unit supplies, maintaining equipment, insuring the cleanliness of the unit, and supervising non-nursing personnel. In 1967, Unit Coordinators were trained to transcribe doctors' orders.

Today, Clinical Administration, with its staff of 350 employees, is represented on every inpatient unit in the MGH. Coordinators, Transcribers, Secretaries, and Clerical and Unit Assistants provide a variety of services on these units.

Usually someone from Clinical Administration is the first person to greet a new patient upon admission and the last to wave good-bye at discharge.

Clinical Administration also serves as the focal point for communication on patient floors. Members route telephone calls, deliver messages, and direct visitors to the unit.

But the primary function of these employees is to insure a smooth progression of events which enables nursing and other disciplines to provide optimum care. To this end, Clinical Administration transcribes doctors' orders, schedules X rays, exams, and procedures, as well as orders supplies and equipment as needed.

Clinical Administration also works with nursing to keep costs down by maintaining the operating

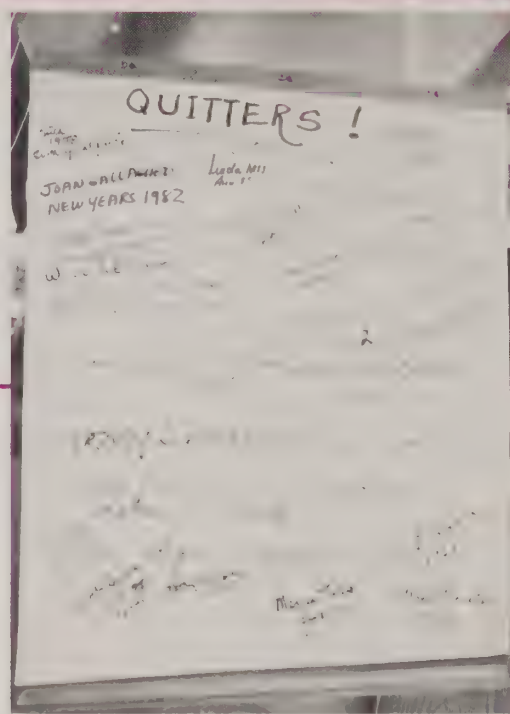
budget within specific parameters. The medical record, a very important legal document and the key source of reimbursement for hospitals, is also the responsibility of this service on the units.

In addition, Clinical Administration is often viewed as a good place to start a career in hospital administration. Working as a Coordinator, one learns hospital operations at the unit level by interfacing with all departments. Stephen Kauffman, Maryanne Spicer, and David Masters, to name a few MGH administrators, all previously worked as Unit Coordinators. Other former members of Clinical Administration are now administrators at hospitals across the country.

"As Clinical Administration celebrates its 25th year, our role on the patient care units is more important than ever before," said David Catalano, Director of Clinical Administration. "With high patient acuity, shorter length of stay, and increasing responsibilities for nurses, the challenges for our service have grown."

In an effort to meet some of these challenges, Clinical Administration recently merged again with the Department of Nursing to become truly partners in caring.

Indeed Clinical Administration has significantly changed the life of every nurse and patient in the hospital.



Many former smokers got a chance to sign-in at last month's smoke-out.

Smoke

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they must have proper ventilation as well as offer a space where smoking will not be allowed.

"So far, the feedback we've received regarding the new policy has been enormously positive," said Donna Campbell, Ambulatory Care Operations Coordinator. "Both staff and patients have told us how much they like it and how much it cleans the air of cigarette smoke, especially in the lobby and cafeteria areas.

Before the change we had many complaints everyday."

On October 1, the new MGH Smoking Policy went into effect prohibiting smoking throughout the institution except in those areas specifically designated for smoking. Over the past several weeks, nearly 100 no-smoking signs have gone up throughout the hospital to make employees, patients, and visitors aware of the new regulations.

Beginning

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Originally hired by the MGH more than 30 years ago, Ms. Snyder was employed in the Department of Nursing when the Unit Manager Program began. In her quarter of century in Clinical Administration, she has worked as a secretary and now a transcriber.

"I am responsible for transcribing the doctors' orders into the patient's record," explained Ms. Snyder, who has been working recently on Phillips 5. "I also take off all orders and put them into effect, such as scheduling tests and procedures."

The scheduling of tests is so commonplace today, it's almost taken for granted. But not 25 years ago.

"When we first started," recalled Ms. Snyder, "there were just a few coordinators for the entire hospital and only for the day shift. There was no staff on evenings or nights. So that many times, tests and lab work wouldn't be scheduled until the next day when the coordinator came back on."

Like Frances Snyder, Mattie Can-

non also worked in the Department of Nursing prior to the formation of Clinical Administration.

"I worked very closely with Adele Corkum, who was the Supervisor of Nursing for the Baker Building," said Ms. Cannon, "and she was the one who convinced me to apply for a job as a unit secretary."

Originally assigned to Baker 10, Ms. Cannon has worked on every inpatient floor at the MGH over the past 25 years.

"I now work out of Vincent 3, but I also enjoy being a float," she remarked. "I've gotten to work with many wonderful people and have helped train some of them on many different units."

Both women also pointed out that they have had the opportunity of working with many people who later became hospital administrators, including several at the MGH.

"They were people who brought about changes in the way we do things," said Ms. Snyder. "You just knew they were going to go places."



Mattie Cannon (left) and Frances Snyder can look back on the past 25 years in Clinical Administration with many fond memories.



MGH

HOTLINE

17 December 1987

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Bulfinch 1, Extension 2206

Center for Reading and Writing Disorders created

An internationally known school for reading and writing disorders and a major research laboratory that studies them have joined forces in a unique collaboration.

The Neurolinguistics Laboratory of the MGH Institute of Health Professions and Landmark School have combined to form the Center for Reading and Writing Disorders.

The Center seeks to learn more about the nature and causes of reading and writing difficulties associated with dyslexia, a problem that affects an estimated 25 million Americans. Among those who have suffered from dyslexia were Leonardo da Vinci, Albert Einstein, Winston Churchill, Agatha Christie, and Thomas Edison.

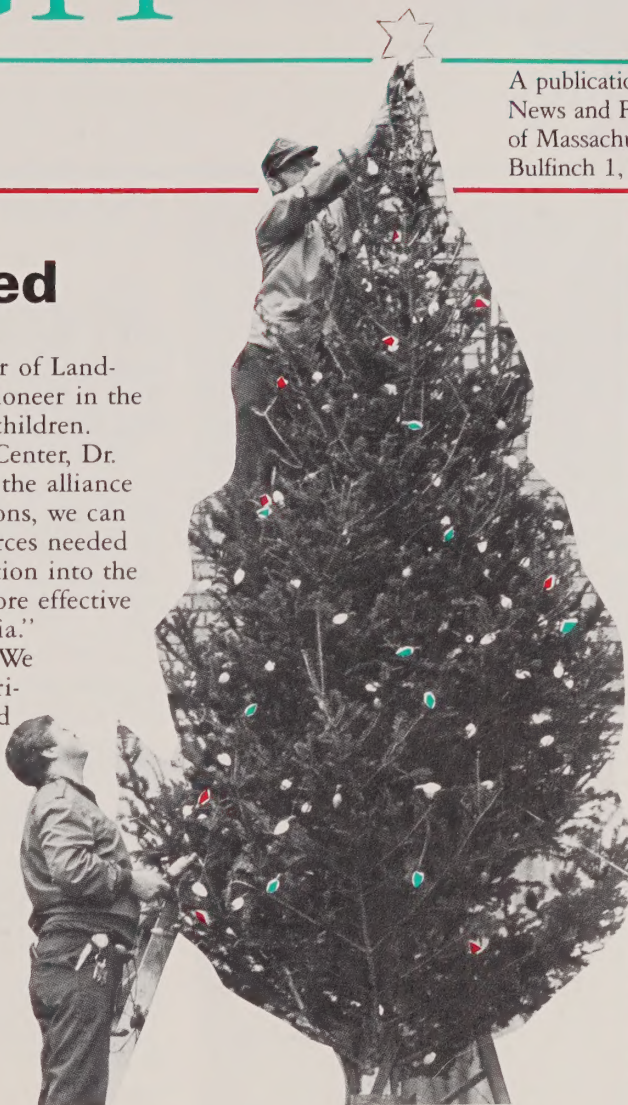
The Center is under the leadership of Dr. John Locke, who also directs the MGH Neurolinguistics Laboratory and holds appointments at Harvard Medical School and MIT. The Associate Director is Dr.

Charles Drake, founder of Landmark Schools and a pioneer in the education of dyslexic children.

In announcing the Center, Dr. Locke said, "Through the alliance of two strong institutions, we can amass the many resources needed for scientific investigation into the early detection and more effective management of dyslexia."

Dr. Drake added, "We know one in ten American students is affected by some degree of reading and/or writing impairment. There is a vital need to learn all we can about the condition, especially how better to

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The holidays have a way of raising people's spirits.

A reason for the season?

The word is "spirit," and it seems to be cropping up a lot lately, especially during the holidays.

What exactly is holiday spirit? Some employees give their opinions:

Debby Baron, White Information Desk—"To me it's the birth of Christ and salvation."

Win Riley, Police and Security—"My three children and my wife."

Aggie Knight, Weekly Payroll—"I love Christmas, getting together with the family and having a traditional dinner. I love watching the faces of kids. It makes you happy to be alive."

Paul Stevens, Dietetics—"It's a time of giving and love of family."

Katie Parks, Volunteer—"It means happiness and joy with other people. Bringing pleasure into their lives."

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New Dermatology Chief sees medical advances through lasers

Excerpted with permission from the MGH News.

Specialists in treating skin disorders are broadening their role in health care by adapting new technologies in their field to combat other forms of disease.

The power of laser light, for instance, has fragmented kidney stones in 130 patients at the MGH.

Approved for patient care one year ago by the federal Food and Drug Administration, the procedure, developed in the MGH's Wellman Laboratories of Photomedicine, is offered routinely today at a dozen medical centers across the country.

Scientists in the Wellman labs are now trying to devise ways of solving cardiovascular problems with lasers. They may be used one day to clear blocked arteries and perform such surgical procedures in the heart as remodel the inside of vessels.

By combining chemicals and light, a Wellman team is also working to develop novel approaches for treating internal cancer. The group has been studying for several years how certain chemicals selectively concentrate in cancer tissue and can serve as a target for light to destroy the cancerous cells without affecting adjacent normal cells.

"We have now amassed enough fundamental knowledge to form teams to pick specific cancers and hopefully over the next several years advance the treatment to patient care," said Dr. John A. Parrish, founder and Director of the Wellman labs and since July 1 head of the MGH Dermatology Department.

Dr. Parrish, who has authored more than 300 scientific papers and eight books, succeeded Dr. Thomas B. Fitzpatrick, who retired as Chief of the MGH service and as Chairman of the Department of Dermatology at Harvard Medical School. (See accompanying story.)

Dr. Fitzpatrick held the two positions for 28 years. Internationally known in his field, he continues to treat patients and conduct research at the MGH, as well as teach here and at Harvard as Edward Wigglesworth Professor of Dermatology.

Following his twin appointments, Dr. Parrish promoted two MGH

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A Pioneer in curing skin diseases

Excerpted with permission from the MGH News.

They came not only from every corner of the United States but also from Europe, Asia, and South America.

Close to 200 people, most of them his former students, attended a three-day symposium in Boston in September of 1982 to pay tribute to Dr. Thomas B. Fitzpatrick.

As Chief of Dermatology at the MGH and Chairman of the department at Harvard Medical School since 1959, Dr. Fitzpatrick had supervised the training of 138 dermatologists. Twenty-four had

become full professors or department heads themselves, and 41 others were also active in teaching.

This output of dermatologists in academia surpassed that of any similar training program in the country.

Since the symposium, at which many of Dr. Fitzpatrick's former students reported on their own investigations in the field, tributes to the noted MGH physician, researcher, and teacher have continued to flow in.

A Thomas B. Fitzpatrick Professorship in Dermatology was established at Harvard Medical School. Funded at \$1.5 million by the doctor's patients, students, and friends, such an honor for one still on the active faculty is rare.

By direction of its Emperor, Japan this year awarded Dr. Fitzpatrick the Order of the Rising Sun, Gold Rays with Neck Ribbon, in recognition of his contributions to the advancement of science in Japan.

Also recently, at a convocation at its medical school in Worcester, the University of Massachusetts conferred upon Dr. Fitzpatrick an honorary degree of Doctor of Science.

Having reached 68 years of age, Dr. Fitzpatrick turned over his long-held MGH and Harvard reins this

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This isn't to prevent Dr. John Warren from doing any talking but to prevent the sculpture from being disrupted during some recent work in the Warren Lobby.

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Lasers

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personnel: Dr. Arthur J. Sober, Director of Inpatient Dermatology, to be Associate Chief of Dermatology at the MGH and Dr. Howard P. Baden to serve as Associate Chairman of the Dermatology Department at Harvard.

Although Dr. Parrish sets policy and has ultimate responsibility for the MGH and Harvard programs, his assignment of special roles to Drs. Sober and Baden enables him to continue his focus on research and teaching.

In addition to directing Harvard's Dermatology Department, Dr. Parrish is Professor of Dermatology there, and he is also a Professor in the Division of Health Sciences and Technology at Massachusetts Institute of Technology. Much of the MGH laser work is conducted in collaboration with MIT and with the Massachusetts Eye and Ear Infirmary.

A graduate of Duke University and Yale Medical School, Dr. Parrish originally wanted to become an internist. But after completing a residency in internal medicine at the University of Michigan, he entered the Navy at age 28 and went to Vietnam.

He performed distinguished service there for a year as a combat surgeon with the Third Marine Division, earning Vietnam's Cross of Gallantry with Gold. He later described his experiences in a critically acclaimed and *New York Times* bestseller list book entitled *12, 20, and 5: A Doctor's Year in Vietnam*. (The numerals referred to the practice of helicopter pilots to radio ahead the numbers of litter wounded, ambulatory wounded, and dead being brought to a field hospital.)

The book was rereleased this year by Bantam as a paperback and has already sold more than 25,000 copies.

Dr. Parrish's second year of military duty found him assigned to a naval hospital in California. It was there that he got a taste of dermatology, and he liked it.

"I just found skin fascinating," he said. "I saw patients with a wide variety of skin disorders and seemed to make a difference in their health in a short period of time."

After discharge from the Navy, Dr. Parrish began a residency in dermatology at the MGH. "I was a 100 percent clinician when I came here, taking care of patients all day every day," he said.

Gradually, he shifted toward clinical research. His mentor, Dr. Fitzpatrick, had developed an interest in applying the effects of ultraviolet radiation to treat skin diseases.

The Wellman labs were created in 1975. A gift to the MGH from

Gullan Wellman, a patient of Drs. Fitzpatrick and Parrish, and her husband, the late Arthur O. Wellman, made the facility possible.

The laboratories today represent the world's largest multidisciplinary research group systematically studying the basic nature of laser effects on tissue.

Several years of research initiated by Dr. R. Rox Anderson in the Wellman labs led to a treatment using a tunable dye laser for certain skin problems that can have profound psychological effects (*MGH News*, May 1986).



Dr. Parrish (right) with R. Rox Anderson work on a tunable dye laser in the Wellman Laboratories of Photomedicine.

Chief among these conditions were purplish birthmarks known as port-wine stains (hemangiomas). Once responsive only to a surgeon's scalpel, and always with some resultant scarring, the birthmarks now can be eradicated by laser without any scarring or need for a painkilling agent.

Dr. Parrish said his basic motivation is to take care of patients, but he realized early on that if he concentrated on helping to develop new treatments, he would have a greater personal impact on more people.

"Much of our work involves organ systems other than the skin," Dr. Parrish said. "When we feel we have new information to make a difference in some disease process, we form an applications team to take that information and begin developing a treatment."

Dr. Parrish puts in a lengthy work day but still, sets aside time for other activities, such as writing poetry. His work has been published in *Harper's Bazaar* and the *Atlantic Monthly*.

He also enjoys running and wind-surfing with his wife, Joan, an Episcopal divinity school student; and their three children, aged 16 to 23.

Pioneer

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summer to a veteran colleague, Dr. John A. Parrish (See accompanying story.), but anyone who thinks that this has lightened Dr. Fitzpatrick's work can guess again.

In addition to still treating patients, engaging in research, and teaching as Harvard's Wigglesworth Professor of Dermatology, the author of nearly 300 scientific publications is busy working on his 12th book.

It will be a companion volume to his *Color Atlas & Synopsis of Clinical Dermatology*, already reprinted five times since being published in 1983. The new book will deal with more serious skin disorders.

Dr. Fitzpatrick is especially noted for his *Dermatology in General Medicine*, a 2,500-page textbook used in medical schools worldwide. A third edition of the book, originally published in 1971, appeared this year.

A graduate of the University of Wisconsin, A.B., Harvard Medical School, M.D., and the University of Minnesota, Ph.D., Dr. Fitzpatrick focused on dermatology because in the 1940s it was a "primitive" field and represented a challenge.

"There were a lot of skin disorders that no one understood," he said. "Thus there were no treatments."

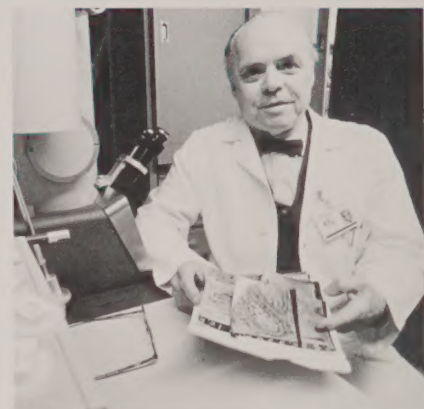
A two-year stint in the Army also whetted the doctor's appetite for learning more about skin diseases. While assigned to the Army Chemical Center in Maryland, he met Dr. Aaron Lerner, later to become Professor of Dermatology at Yale. Together they developed a research interest in melanin, the pigment formed in special skin cells called melanocytes. This pigment accounts for color differences among humans.

"We had a sort of naive, idealistic view that we wanted to solve a cancer problem," Dr. Fitzpatrick said. "We thought that if we could fully understand the chemistry of melanocytes we might be able to figure a way to stop the cancer [melanoma] that sometimes erupts from those cells."

Although they made advances in ensuing years, the process was still slow. When Dr. Fitzpatrick came to the MGH and Harvard in 1959, he turned to what he thought might be a quicker approach in curbing melanoma—prevention through early detection.

Criteria for an early diagnosis of primary melanoma were established at the MGH through the collaborative work of Drs. Wallace H. Clark, now Professor of Pathology at the University of Pennsylvania, Martin C. Mihm, now MGH Chief of Dermatopathology, and Fitzpatrick.

These criteria are so widely used today many believe they are largely responsible for the more than



Dr. Fitzpatrick is as busy in "retirement" as he was as Chief of Dermatology.

doubling of the overall 5-year survival rate of melanoma patients—from 40 percent in 1960 to 86 percent in 1987.

One of Dr. Fitzpatrick's current goals is to open a second Pigmented Lesion Clinic at the MGH, one to accommodate patients making follow-up visits, the other to diagnose skin problems in new patients and begin treatment.

"Many people out there are susceptible to melanomas," he said, "and we have to reach them."

In 1969, a lead article in the *New England Journal of Medicine* reported on major work involving Dr. Fitzpatrick and two MGH colleagues, Drs. Madhu A. Pathak and Edgar Frenk.

They reported discovery of a formula by which PABA (para-aminobenzoic acid), a drug known since 1922, could provide highly effective protection of the skin against solar rays (*MGH News*, May 1984).

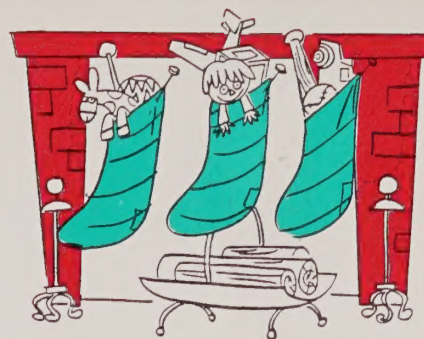
The MGH work came at the request of the United States Army. Its troops in tropical areas often risked crippling sunburn during outdoor duty, and no sunscreens then on the market offered much benefit.

The MGH team found after much study that 5 percent PABA in 55-70 percent ethyl alcohol would provide much longer resistance against sun.

Dermatology at the MGH took another stride forward in late 1974 with the report in the *New England Journal of Medicine* of PUVA (psoralen and ultraviolet-A light) to treat severe psoriasis. Dr. Fitzpatrick, a codeveloper, termed the treatment photochemotherapy, meaning light and drug treatment (*MGH News*, June-August 1978). Photochemotherapy thus became a new branch of medicine.

Dr. Fitzpatrick sees a continued bright future for dermatology at this hospital.

"There are still many skin disorders, such as eczema, that have not yet been solved," he said, "but we are getting extremely bright students as well as many contributions of new knowledge from such other specialties as molecular biology and immunology."



A low-cost admission

The Admitting Office is about to move into a new home.

The finishing touches are being put on the department's new area, situated off the Gray corridor by the entrance to the Bulfinch Building.

The area has already received many favorable comments about its appearance. But Mike Standley, Director of the Planning Office, is just as pleased with the price for the newly renovated space.

"Through highly competitive bidding, we were able to keep the cost as low as that for routine office renovations," he said. "It is also being completed ahead of schedule, which also helped to keep expenses down."

Admitting is moving across the hall to make way for construction of the new Cardiac Catheterization Lab, made possible through a donation from the Knight family.



The new Admitting Office—high in style but low in cost.



For three-year-old Rachael Ennis, a patient on Burnham 5, happiness is giving a hug to a smurf.

In General

If you think the holidays are something to sing about, don't forget that the MGH Christmas Band will be leading caroling in the Wang ACC Lobby on Tuesday, December 22, noon to 1 p.m.; Wednesday, December 23, 1 to 2 p.m.; and Thursday, December 24, noon to 1 p.m. Accomplished instrumentalists are invited to join the band for any or all of the three hours. For more information, call Helen Gibson in the Department of Pastoral Services, Ext. 2220.

Chuck Coppola, former member of the MGH-Harvard Cardiovascular Health Center and a 1987 veteran of the Boston Marathon, has done it again! Accompanied by Christie Kuo from the Center, Mr. Coppola participated last month in the New York City Marathon, completing the race in just under five and a half hours. In 1985, Mr. Coppola, 51, suffered a heart attack and underwent coronary artery bypass surgery. Ms. Kuo, a nurse at the Center, trained and ran with Mr. Coppola to monitor and pace him through the 26-mile course. They ran wearing shirts which read, "Run for the Heart." In April, Mr. Coppola joined four other members of the Cardiovascular Health Center in running the Boston Marathon.



And the United Way prize drawing winners were...

Even though this year's United Way campaign at the MGH is officially over, contributions continue to come in.

As of the first week of December, more than \$71,000 had been contributed by MGH employees. As part of this year's campaign, a drawing for prizes was held on December 2 in the General Cafeteria. The winners were:

John DiMeglio, Electric Shop—Bruins tickets

Robert Johnson, Central Supply—Patriots tickets

Charles Kelliher, Computer Center—Red Sox tickets

Jean Onelli, Medical Records—Nutcracker tickets

Michael Paolino, Credit and Collection—Family Admission to Children's Museum

Kari Urbowicz, Medical Records—Family Membership to Museum of Fine Arts

Helen Zingarelli, X Ray—Family Admission to Museum of Science

Regina Alexander, Social Service—Boston Symphony tickets

Dr. Deanna Pearlmutter, Director of Surgical and Psychiatric Nursing Services, recently presented at Grand Rounds of the Department of Psychiatry at the City Hospital Center at Elmhurst, New York. Her topic was "Directions in Psychiatric Nursing."

Directory assistance

Please submit all changes to the MGH Telephone Directory as soon as possible. In order to minimize the chance of error, all information should be typed in the following format:

LAST NAME/FIRST NAME
(27 character or space limit)
Smith, John

EXTENSION
(10 character or space limit)
2000

DEPARTMENT
(16 character or space limit)
Communications

LOCATION
(8 character or space limit)
White 13

All correspondence should be sent to: Communications, White 13, ATTN: Pamela Rivera. If you have any questions, please call ext. 2086.



Dr. John Locke (right) works with Mark Skarani (left), a 12-year-old student at the Landmark School. Also assisting is Terry Ferriell, a Research Associate at the Center for Reading and Writing Disorders.

Center

from page 1

educate these children and adolescents."

Center researchers, including nine MGH research scientists and assistants who comprise the initial investigative staff, expect to mount intensive investigations of the genetic bases of dyslexia, the brain structure, and cognitive processing

capabilities of children with different types of reading and writing difficulties.

The Center also expects to make a contribution to the growing national movement to increase literacy among adults who cannot read adequately.

"The literacy corps is headed for massive failure," said Dr. Locke, "if it does not distinguish the illiterates with dyslexia from those who cannot read because of inadequate schooling or lack of experience with English. These distinctions are crucial to effective teaching, for without them individuals with very different sources of reading difficulty are treated the same."

Researchers will use the facilities of the MGH Neurolinguistics Laboratory and will have access to the neuroimaging laboratories of the hospital, as well as the services of consulting neurologists and neuroscientists.

Landmark School, internationally recognized for educational programs for dyslexic children, is situated at four campuses north of Boston. The Center will occupy renovated quarters on the north campus in Manchester, Massachusetts.

When fully operational, the Center expects to organize seminars for parents and professionals, to assist in postgraduate training of neuroscientists and literacy specialists, and to host visiting educators and investigators who are seeking to learn about contemporary methods of research and education.

The Neurolinguistics Laboratory of the MGH Institute of Health Professions is one of only a few such laboratories in the world. Established in 1984, it studies both children and adults to determine how the brain produces language and allows people to perceive, process, and comprehend that language.

Making General Headlines

Among those members of the MGH featured in the news media during recent weeks:

Dr. Herman K. Gold of Cardiology interviewed live by Channel 4 and by Channel 7 on tissue plasminogen activator (TPA).

Dr. R. William Gange of Dermatology interviewed by Channel 2 on vitamin D as a treatment for psoriasis.

Dr. Andrew G. Bodnar of Cardiology and a member of the Massachusetts Board of Registration in Medicine interviewed by Channel 7 on the training of residents.

Dr. Allan H. Ropper of Neurology interviewed by NEWSWEEK on the living will.

Dr. Janet Hall of Gynecology interviewed by Cable News Network on the use of a hormone pump.

Dr. David M. Slovik of Endocrinology interviewed live by Channel 4 osteoporosis research.

Mr. Anand Seth of Facilities Engineering interviewed by THE BOSTON GLOBE on MGH water conservation.

Dr. Bertram Zarins of Orthopaedic Surgery interviewed by LADIES HOME JOURNAL on arthroscopic knee procedures.

Season

from page 1

Patrick Famolare, General Construction—"The joy of the holiday."

Stan Bennett, Photography Lab—"Treating everybody at our office party."

Evelyn Mobilia, Admitting—"Love."

Feliciano Del Valle, Transport Services—"A department store holiday, not a religious one anymore."

Eldon Hall, Plumbing Shop—"A feeling of good will. Love for all people."

Lois Kane, Weekly Payroll—"This year, Christmas has an extra special meaning to both my husband and me. Our daughter, who works in Neurology, just gave birth to a beautiful seven-pound baby girl. One of my favorite traditions is gathering our entire family on the Sunday before Christmas to exchange gifts. This way, the children can stay home on Christmas day and play with their toys."

Theresa Hayes, White Information Desk—"Spending time with family."

Al DiPietro, Police and Security—"Children with illnesses finding happiness on Christmas Day."

Ruby Dilligard, Dietetics—"It's too commercial. I wish it was like when I was a child. The holiday seemed to mean more then."

Chris Tiglianidis, Locksmith—"My busiest season."

Maria Quarato, Transport Services—"Giving from the heart, but not presents. Giving of yourself, your time."

Cathy DeVitto, Admitting—"Family, love, caring."

Adrian Munroe, Photography Lab—"My parents putting up an Advent calendar on November 30, and putting candy in it each night when we're good. When candy is not in it, it's not because we're bad, it's just that my mother forgot."

Judy Newell, Nursing—"People coming together in the hospital around the piano singing Christmas carols. A feeling of togetherness not always in evidence. It's also a time to think about one another in a way we probably should everyday."

You better watch out...

While you are in the process of making a list and checking it twice, also make sure you're checking where you're putting those holiday gifts on that list. You wouldn't want them getting into the hands of the naughty instead of the nice.

Christmas is the season for giving. Unfortunately, it's also the season for taking. The MGH Police and Security Department reminds you to secure your possessions. Make sure your offices are locked when you go home for the day. And don't leave wallets and pocketbooks unattended.

In addition, avoid leaving gifts in unlocked offices or cars. Put them out of sight as much as possible.

Don't allow a Grinch to steal your Christmas!



One way to avoid thefts is to keep anything valuable out of sight.

Life-style

Health professionals with bachelor's degrees are eligible to take graduate courses at the MGH Institute of Health Professions. Courses are available in the fields of Dietetics, Nursing, Physical Therapy, and in humanistic issues of health care. The following is a partial listing:

Cardiopulmonary Rehabilitation

Health Care Policy and Politics

Sports Injuries I: Prevention and Triage

Management and Organization of Food Service Systems

Theory Evolution in Nursing

Manual Therapy: Extremities

For a complete listing of Winter Term course offerings and information about application deadlines, tuition, and registration, call Carol Tranfaglia at Ext. 8010.

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